DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE O	F DEATH	Ri	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Ronald		Bartel	L1			2. DATE OF D MONTH MARC	DAY	1994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 153-24-0060	1 X M 2 - F	AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF B	IRTH	8. BIRT	HPLACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give s 1008 Brantford A					n on Location of D r Spring		9c. CI	ounty of to	DEATH
DIRECTOR	10s. STATE 10b. COUNT	gomery		10c. CITY	r, TOWN OR LO					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				PITAG	r Spring		10g. C		1 TYES 2 NO WHAT COUNTRY?
BY FUNERAL	1008 Brantford Av 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 (X) IF YES, GIVE WAR 1 954	YES 2 NO	IED O	If yes,	20904 ECENDENT OF HISPA specify Cuben, Mexics ES 2 NO Specific	an, Puerto Rican	secify Yes or No –	USA 14. RAC Blec Spec	E — American Indian, k, White, atc.
	15. OECEDENT'S EOU (Specify only highest grade	CATION	18s. DEC	EDENT'S	USUAL OCCUP/ rork done during e retired.)	ITION most of working	16b. KINI	D OF BUSINESS/	INDUSTRY	White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		∞ мот us .ptai			US	Navy		
BE CO	17. FATHER'S NAME (First, Middle, Last) Clarence Lewis Ba	rtell				18. MOTHER'S NA	ola Fis		»)	
TO B	190. INFORMANT'S NAME (Type/Print) Curtis Bartell					et and Number or Rural	Route Number, C	ity or Town, State,	Zip Code)	
	20s. METHOD OF DISPOSITION 1X Burlet 2 Cremetion 3 Rem	oval from State	20b. PLACE AL	ND DATE C	F DISPOSITION	e, Linthi	DATE	21090 20c. LOCATION	— City or T	own, State
	4 Donation 5 Other (Specify) 21. BONATURE OF FUNERAL SERVICE LIE	CENSEE	Arli	ngto		onal Cem		Arli	Ingto	n, VA Funeral Home
	Jaus S.	Frank								Spring, MD
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Per constant	on each line.	Fa.1	<i>ع</i> دد		en aa cardiac	or raspiratory	arreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	b. A				clecos.3				
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEO	UENCE OF	T):					
DICAL	PART II. Other algorificant condition			suiting i	n the underly	ing cause given in		WAS AN AUTOPS PERFORMED? YES 2 HO		D. WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C/	neck only one)			
IYSI	1 YES 2 NO	HOSPITAL:				ome 5 Residence	8 Other (Spe			
BY PF	1 Return 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day, 1		28b. TIMI	URY	NJURY AT WORK? YES 2 NO	28d. DESCRIB	E HOW INJURY (OCCURED	
	3 Suicide 8 Could not be datermined	28e. PLACE OF IN- building, atc.	IJURY — At hom (Specify)	ne, farm, s	treet, fectory, o	fica	281. LOCATION City or Tox	N (Street and Num wn, State)	ber of Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of my								a) and manner as stated,
BE	296. SIGNATURE AND TITLE OF CENTIFIE	ni mo				29c. LICENSE NU		29d. D	ATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE		PEATH (ITEM	27) (Type,	Print)	ie when		1		
	31. DATE FILED (Month, Day, Year) MAR 2 2 1994	32/AGGISTHAR'S Julia Day		delle	7		,			-



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	Mackenzie Alexi	Reaton						arch 19,		YEAR	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE	AR IF UNDER 24 HR	_	DATE OF BIRTH	199		11:02 a N
	N/A 9e. FACILITY NAME (If not institution, give	1 M 2 M F		YRS.			8 Ma	(Month, Day, Year) 3r. 19, 1		Mary:	land
œ						WN OR LOCATION OF	DEATH		9c. COU	TY OF OEA	TH
6	Holy Cross Hosp:	Ital			Silve	r Spring			Mo	ntgom	ery
DIRECTOR	10a. STATE 10b. COUNTY Maryland Monty	tgomery			, TOWN OR L						0d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	egomery		Gern	nantow	10f. ZIP CODE			10- 0171		☐ YES 2 🔀 NO AT COUNTRY?
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, Middle, Melden	Surname)		-
BE	Rick H. Beaton							Dapp			
5	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	AODRESS (Str	eet and Number or Ru	ral Route	Number, City or Town	n, Stete, Zip	Code)	
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	4 Donation 5 Other (Specify)		Gate	of He	eaven	Cemetery	3/2	2/94 Sil	ver S	Spring	g, MD
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9	ler 1	ath
LENDING	Att	de
ENC	OR	fter de

	1. DECEDENT'S NAME (First, Middle, Last)	J. C. Brown	BRO			REG. NO. 2. DATE OF DEATH MONTH DV		3. TIME OF DE
	4. SOCIAL SECURITY NUMBER	5. SEX		UNDER t YEA	/	7. DATE OF BIRTH	1991	2 3:35
	12-12-12-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	1X M 2 D F 6	MO	NTHS DAY		(Month, Day, Year)	000	BIRTHPLACE (State or Country) COUNTRY)
3	9e. FACILITY NAME (If not institution, give street			CITY, TOW	N OR LOCATION OF D		9c. COUNTY	Y OF DEATH
10 10	RESIDENCE OF DECEDENT	ANYLAND H	DSPITAL	0	Lew TOW		PM	NER GRE
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LO	CATION			10d. INSIDE CIT
	Tennessee Sulli	Lvan	Bri	stol				1 TYES 2
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE			N OF WHAT COUNTRY?
l N	2148 Carolina Aver	12. WAS DECEDENT EVER IN U.	.S. ARMED	13. WAS [37620 DECEMBENT OF HISPA	NIC ORIGIN? (Specify Yes		ed States
BY FI	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	if yes,	specify Cuban, Mexica ES 2XXNO Specific	an, Puerio Rican, etc.)		Black, White, etc. Specify:
ED B		Korean Wa		<u> </u>				White
	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	6e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during	most of working	16b. KIND OF BUS	SINESS/INDUS	ITRY
COMPLET	12	College (1-4 or 5+)	utomobil	e Dea	ler	Automo	bile S	Sales
COM	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Malden	Surname)	
š	L. F. Brown 190. INFORMANT'S NAME (Type/Print)				Virgi			
TO BE	Betty Sue Brown		Same		at and Number or Rural	Route Number, City or Tow	n, State, Zip Co	ode)
2	20a, METHOD OF DISPOSITION	20b. Pt	LACE AND DATE OF D	ISPOSITION	(Name of	DATE 20c. LO	CATION — CR	y or Town, State
	1 N Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	Gle	nwood Cel	<u>meter</u>		3-20 Bri:		Tennessee
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		Rapp	Funeral			
	Clen 7	1. Kap	0	933	Gist Aven	ue, Silver	Sprin	a. MD 209
	23. PART I. Enter the diseasea, or cor shock, or heart failure. Lie	mplications that caused that only one couse on each	ne death. Do not h line.	enter tha	mode of dying, suc	ch as cardiac or reap	iratory arrea	nt, Approxim
	IMMEDIATE CAUSE (Final disease or condition	1/10-1000	0	1	بد دور د		,	Onset a
	reaulting in death)	DUE TO (OR AS A CO	ONSEQUENCE OF:	1/4		The same	*	1/
	Comment the line on delege	Kupture	of an	Ed.	min	Pan	tic o	aneur
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS A CO	ONSEQUENCE OF):					0
E S	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):	V 400				
ERTI	reaulting in deeth) LAST							
5 2	PART II. Other algoriticant conditions	contributing to death but	not resulting in 1	he underl	ving ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY
MEDICAL C						PERFOR	RMED?	AVAILABLE PRIO
MEC								OF DEATH?
SICIAN		HOSPITAL:		THER:	PLACE OF DEATH (C)	/ 0	1000	A- L
ે ≻ે	27. MANNER OF DEATH	28s. DATE OF INJURY	26b. TIME O	F 28c.	fome 5 Residence	8 In Other (Specify) 9	INJURY OCCUI	RED / Le
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		WORK? YES 2 NO			
<u> </u>	3 Suicide 6 Could not be	26a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	at, factory, o	ffica	28t. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPLETE	20a CERTIFIER							
	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowled	de death occurred r	t the time, r	late and place, and du	e to the cause(s) and mai	nner as stated.	

TRAFTON DR

10701

32 REGISTRAR'S SIGNATURE
Julia Savidson-Randalla

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AJONSO VA 31. DATE FILED (MONTH, Day, Year) MAR 2 1 1994

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. About after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit p be filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burlal, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	itle event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIENE REG. NO.		
	DECEDENT'S NAME (First, Middle, Last) AKA	BARBARA POO BARBARA P.				2. DATE C	OF DEATH	4, 1994	3. TIME OF DEATH 11:37 A.M.
<u></u>	4. SOCIAL SECURITY NUMBER 577-03-2557 9a. FACILITY NAME (If not institution, give st MONTGOMERY GENE	1 M 2 F 7	5 YRS.		F UNDER 24 HRS. HOURS MIN. R LOCATION OF DI Y, MARYI	JULY EATH	F BIRTH Day, Year)	8. BIR Cou	THPLACE (State or Foreign Intry) HINGTON, D.C. DEATH
AL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE MARY LAND 10e. STREET AND NUMBER	GOMERY		TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?
BY FUNERAL	15101 INTERLACHEN 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	DRIVE APT. 12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR E	N U.S. ARMED .	If yes, sp	20906 ENGENT OF HISPA Icity Cuben, Mexica 2 X) NO Specific	en, Puerto Ri	(Specify Yes o	Spi	CE — American Indian, ok, Whita, stc. polity: ITE
COMPLETED	15. DECECENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION completed) College (1-4 or 5+)	16a. DECEOENT'S U (Give kind of wo iffe. Do NOT use HOMEMAKE	rk done during mo retired.)	N at of working			NESS/INDUSTRY	
BE C	LEROY A. POOLE				LAURA	V. BR	RERETOR	N .	
5	PATRICIA C. ELINE				nd Number or Rural HEN DRIV				20906 RING,MD.
	20e. METHOD OF DISPOSITION 1 Burlei 2\(\hat{\(\)} \) Cremetton 3 Rem 4 Donetton 5 Other (Specify) 21. SIGNATURE OF EIGHTHAL SERVICE LICE	ovel from Stats Cer	p. PLACE AND DATE OF INSTRUCTION OF A CONTROL OF A CONTROL OF THE	AN CREM 22. NAME AF FRANCI	ATORY D ADDRESS OF FA	LINS	ALEXA	AL HOME	VIRGINIA
CERTIFICATION	23. PART I. Enter the diseasea, or cahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF:	97, 9		ch as cardi	ec or reapin	story arrest,	Approximate Interval Between Onset and Death Majara Hey
MEDICAL	PART II. Other algorificent condition Descriptes Hyperleuse	neeleta	out not reaulting in	the underlying	ceuse given in		24a. WAS AN A PERFORM 1 YES 2	IED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME INJUI	OF 28c. INJ	RK? 'ES 2 NO	28d. DE\$0	TION (Street an	JURY OCCUREO	l Route Number,
COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only 1	CIAN: To the best of my know	rledge, death occurred	st the time, data	end place, and due	City or	r Town, State)	er as stated. dus to the cause	
TO BE	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F	wide b	1) 3 cq	wer s	evins.	×3/14	194 20506
	31. DATE FILED (Month, Day, Year) MAR 2 1 1994	32. REGISTRAR'S SIGN	ATURE				-		

2			8	1
200	Super		ig.	
	· · · ·	cian.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Properties within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	212	tal or a	for us	
	AND	e hosp	etached	nce.
	3YL	d by th	id be d	d at o
	BALTIMORE, MARYLAND 21215-0020	retaine	oys 9	notifie
	RE,	may be	r. page	st be
	MO	Page 6	directo	er mu
	ALT	death.	funera	xamir
	B	s after	by the	dical
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	XOX	e pe ea	sician a	traum
	O. E	ertifical	ling phy ygiene	other
	S, P.	death	e affend lental H	ury, or
	OHO	that the	d by th	iny Inj
	ECC	quires	n signe	NOWS 3
	AL B	e law re	has bee Dept. c	1 23 sl
	VIT	IAN: Th	tificate e State	or Item
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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		E HOSP	E FUNE	RTANT
		E E	THE THE	IMPO

	REGISTRAR						DEAL			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEATH
	We:	sley Harı	rison Br	ewer					March				5:05A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	1	8. BIRTH	PLACE (State or Foreign
	522-07-9266	1 2 M 2 🗆 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De			Countr	
	9n. FACILITY NAME (If not institution, give s	tmet and number)	01		9h CITY	TOWN C	I OCATA	ON OF DE	March	16,		NTY OF D	irginia
œ					90. CITT,	, IOWN C	M LOCAL	ON OF DE	NI II		96. COU	NIT OF D	EAIH
2	5015 Battery Land	e, #1106				Bet	hesda	a				Mont	tgomery
S	10a. STATE 10b. COUNTY			19c CITY	Y, TOWN C	DR LOCAT	ION						10d. INSIDE CITY
DIRECTOR				150. 011			-					l	LIMITS?
	Maryland	Montgor	nery				hesda						1 TES 2 NO
FUNERAL	10a. STREET AND NUMBER					101	ZIP CODE	E			10g. CITI	ZEN OF W	VHAT COUNTRY?
	5015 Battery Lane	e, #1106					- 2	20814			Unit	ted S	States
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	MED					C ORIGIN? (S		or No-	14. RACE	— American Indian, c, White, atc.
	1 Never Married 2 Married	IF YES, GIVE V		NO				n, Maxican Specify:	, Puarto Rica	n, etc.)		Speci	
BY	3 Widowed 4 Divorced						A						nite
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b, KIR	D OF BUS	INESS/INC	DUSTRY	
	Elamentary/Secondary (0-12)	College (1-4 or 5	Hila	ive kind of v Do NOT us	se retired.)	aunng mo	st or worker	g	Amo	rica	n		
4		2	" — — —	To	a 1	2						n Tne	stitute
COMPLET	17. FATHER'S NAME (First, Middle, Last)				ırnal	ISI	18. MOTI	HER'S NAM	AE (First, Midd			11112	screuce
		ani Da					10.1110						
BE	Wesley Hai	rrison Br							nces				
2	The production of the control of the								oute Number,				
- 1	Margaret R. Brewe	er		5015	Batt	ery	Lane	∍, #1	106,B	_			land 20814
	20a. METHOD OF DISPOSITION 1 1 Duriat 2 Cremation 3 Rem	oval from Stata	20b. PLACE						DATE		CATION —		
l	4 Donation 5 Other (Specify)		Rock	Cree	k Ce	mete	ery 3	/24/	94	Wash	ningt	on,	D.C.
1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22.	NAME AN	ID ADDRE	SS OF FAC	RO RO	bert	A . I	למשנו	rey Funeral
ı	> Think to (C)) ok			Ho	me/I	3ethe	esda-	Chevy	Cha	se. 1	Inc.	7557
-	Mentel	Lyun		00348	5 Wi	SCOL	nsin	Aven	me. B	ethe	sda.	MD 2	20814-3501
	23. PART I. Enter the diseases, or a shock, or heart failure.	Complications the	t caused the de ise on each line	eath. Do n e.	not enter	the mo	de of dy	ng, such	ss cerdiac	or respi	ratory an	rest,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Final												Onset and Death
	disease or condition resulting in death)	COR P	ulmonal	е									3 Years
		DUE TO	(OR AS A CONSE	OUENCE OF	F):								
z		h Chron	ic Obst	ructi	ve L	ung	Dise	ease					20 Years
9	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSE										
	in only, reading to minipolate	Caran	ary Art	ery D	isea	se							10 Years
8	cause. Enter UNDERLYING	COLON		QUENCE OF	F):								
FICA	CAUSE (Disease or Injury that initiated eventa	C	(OR AS A CONSE										
RTIFICA	CAUSE (Disease or Injury	C	(OR AS A CONSE										
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	DUE TO											
	CAUSE (Disease or Injury that initiated eventa	DUE TO		reaulting i	In the un	derlylng	ceuse (given in f	Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS
	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	DUE TO		reaulting (In the un	derlylnç	g ceuse (given in f		PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	DUE TO		reaulting (In the un	derlying	g couse (given in f			MED?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	DUE TO		reaulting i	In the un	oderlylng	g ceuse (given in F		PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other significant condition	DUE TO		reaulting (In the un				_ 1	PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO d. s contributing to	death but not o		OTHER	26. PL	ACE OF D	EATH (Che	ck only one)	PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO d. s contributing to	death but not of the state of t	DOA 28b. TIM	OTHEF 4 Nun	26. PL 3: sing Hom 28c. INJ WO	ACE OF D	EATH (Che	ck only one)	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending trivestigation	DUE TO d. B contributing to HOSPITAL: 1 Inpetiant 2 28e. DATE OF (Month, L) 28e. PLACE OF (Month)	ER/Outpetlent 3 INJURY PRINTER FINJURY — At ho	DOA 28b. TIM	OTHER 4 Nun E OF	26, PL 3: sing Hom 28c, INJ WO	ACE OF D • 5 Re • TRE • TRE	EATH (Che	ck only one) B Other (Sp. 28d. DESCRI	PERFOR YES 2 Decify) BE HOW II	MED?	CURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending treestigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	DUE TO d. HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, L. 28a. PLACE Coulding.	ER/Outpetlant 3 INJURY Pey, Year) FINJURY — At ho, etc. (Specify)	28b. TIM INJ	OTHEF 4 Num E OF URY M street, fect	26. PL 3: sing Hom 28c. INJ WO 1 _ \	ACE OF D STARS URY AT RK? YES 2 and place eath occur	EATH (Cho	ck only one) 8 Other (S) 28d. DESCRI 28f. LOCATIC City or R	PERFOR YES 2 Decity) BE HOW II ON (Street a Dwn, State)	NJURY OC	CURED or Rural P	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
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	SIMIE OF MANTLAN	CERTIFICATE	OF HEALTH AND N OF DEATH	MENTAL HYGIEN REG. NO.		30
1. DECEDENT'S NAME (First, Middle, Last)	Mary Am	me Bie	Mey	2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE		3. TIME OF DEAT
4. SOCIAL SECURITY NUMBER 274-50-1212 8a. FACILITY NAME (If not institution, give	1 D M 2 T F	14 YRS.	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, War) June 8,194 ATH	Count	.0
Shady Grant RESIDENCE OF DECEDENT 106. STATE 106. COUNT Maryland	re Adventist	Hosp. R	ockville		W saw	omery
	Montgomery	10c. CITY, TOWN OR	ermantown			10d. INSIDE CITY LIMITS? 1 YES 2
100. STREET AND NUMBER 19665 Crystal Roc 11. Marital Status			101. ZIP CODE 20874		United	States
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR DR DATES	NO It	S DECENDENT OF HISPAN res, specify Cuban, Mexicar PES 2 NO Specify	, Puerto Rican, etc.)	or No- 14. RAC Blac Spec Whi	
15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	a. DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.)	ing most of working	16b. KIND OF BUS		
17. FATHER'S NAME (First, Middle, Lesl) Robert	Edward Bierley	Slind Adviso:	18. MOTHER'S NAI	e <u>N.I.H</u> ME <i>(First, Middle, Meiden</i> arv Huffma	Surname)	
19a. INFORMANT'S NAME (Type/Print) Grace E. Miller		196. MAILIND ADDRESS (Street and Number or Rural Rasburg Rd.,	oute Number, City or Town	, State, Zip Code)	4287
20e. METHOD OF DISPOSITION 1X Burlal 2 Cremetion 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	icensee	ACE AND DATE OF DISPOSITION, or employ of other place) Patrick's 22. NA Hom M00348 Roc	Cemetery 3/2 ME AND ADDRESS OF FAC LE/ROCKVIlle LEVIlle, Mar	4/94 Gran	nd Rapids A. Pumphs O W. Mos	s, Ohio
immediate cause (Final disease or condition resulting in death)	a. DUE TO (OR AS A CO	INSEDUENCE OF):	he mode of dying, such	whag	ratory arrest,	Approxim Interval E Onset an
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CO			0		
PART II. Other algorificant condition	na contributing to death but i	not resulting in the unde	erlying cause given in i	Part I. 24a, WAS AN PERFOR 1 TYES 2	MED?	AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	26. PLACE OF OEATH (Che			
I TES 2 NO	1 Inpatient 2 ER/Outpatie	IN 3 - DOW 4 - MUMMU		1-1-1-17		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		Ic. INJURY AT WORK? 1 YES 2 ND	28d. DESCRIBE HOW II	URY OCCURED	
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 1NJURY	Ic. INJURY AT WORK? 1 YES 2 ND	28d. DESCRIBE HOW IF 28t. LOCATION (Street a City or Town, State)		Route Number,
27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY —	286. TIME OF INJURY M All homa, farm, street, factory is, death occurred at the time.	IC. INJURY AT WORK? 1 YES 2 ND 1, office	281. LOCATION (Street a City or Town, State) to the cause(a) and man	nd Number or Rural i	
27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 4 Homicide detarmined 29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, etc. (Specify) SICIAN: To the best of my knowledgies: On the best of examination and	28b. TIME OF INJURY M Al homa, farm, street, factor	IC. INJURY AT WORK? 1 YES 2 ND 1, office	28t. LOCATION (Street a City or Town, State) to the cause(a) and man time, data and place, and	nd Number or Rural i	a) and manner as

FOR





illed in by the funeral director, page 5 should be detached for use as the burial-transit nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First, Middle,		DAIDIAN					2. DATE OF I	DAY	r	YEAR	3. TIME OF DEATH
AUGUST.	A 5. SEX	BAUMAN 6. AGE (In yrs. lest birthde	as impo	ER 1 YEAR	IF UNDER	04 1000	MARCH		1994		6:45 A
577-18-3924 339-10-5484B	1 🗆 M 2 💢 F	75 YRS	MONTHS	7	HOURS	MIN.	JUNE	5,191	18	Count	HPLACE (State or Foreign ry) York, NY
Sa. FACILITY NAME (If not institution,				ry, town o	R LOCATIO	ON OF D	EATH		9c. COU	VTY OF E	PEATH
BETHESDA RET		URSING CTR.		CHE	VY CF	IASE				Mo	ONT.
RESIDENCE OF DECEDEN 10e. STATE 10b. CO		10c. C	CITY, TOWN	OR LOCAT	TON						10d, INSIDE CITY
MD	MONT.		CH	EVY (CHASE	7					LIMITS?
10e. STREET AND NUMBER					ZIP COO				10g. CITI	ZEN OF	WHAT COUNTRY?
8101 CONN.	AVE # C040	7				208	15			U.S.	. A .
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced			13	If yes, sp	ENDENT Consideration of the co	of HISPAI n, Mexico Specif	NIC ORIGIN? (S an, Puerto Ricar ly:	pecify Yes 1, etc.)	or No-	14. RAC Blac Spec	E — American Indian, k, White, etc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (6-12)		+) life. Do NOT	of work done Tuse retired.	e during mo .)	ON st of workin	ng	16b. KIN	O OF BUS	INESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Les	4	Hou	sewif	e				wn Ho			
Jack Shulman	stj						ME (First, Middl		Sumame)		
19e. INFORMANT'S NAME (Type/Print)	1	19h MAH I	NO ADDRES	98 (9)			Shulma Route Number, C		Otata Tin	Cadal	
LUCIAN BAUMAN			ME A			Or nurer	noute Number, C	aty or lown	, State, Zip	C000)	
20e. METHOD OF DISPOSITION 1 Burist 2 X Cremetton 3		20b. PLACE AND DAT	TE OF DISPO	OSITION (Na	me of		DATE	1000	ATION —		
4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVE		Mount Co		t Cre			3/21				Virginia
> Jernos	Sen	umers					300				NS INC.
23. PART i. Enter the diseases	, or complications the	it caused the death. De			VI AV						20016
23. PART I. Enter the diseases shock, or hasrt fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a, or complications the lure. List only one cau	it caused the death. Do		er the mo	de of dyi	ing, aud		or reaptr	atory arr		Approximata Interval Betw Onset and Da
immediate cause (Final disease or condition	ab	(OR AS A CONSEQUENCE	O not ente	er the mo	de of dyi	ing, aud	ch aa cardiac	or reaptr	atory arr		Approximata Interval Betw Onset and Da
shock, or heart fel IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a	(OR AS A CONSEQUENCE	O not ente	Ing	de of dyl	ling, auc	Part I. 24	or reaptr	AUTOPSY MED?	rest,	
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#925 CHEVY CHASE, MARYLAND 20815



21. DATE FILED (Month, Day. MAR

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

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	1 - FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HYGIENE 'E OF DEATH REG. NO.
1	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH
*	DITZADETH DE	ADI DIATE	O MONTH DAY

	ſ		1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	OEATH			3. TIME OF DEATN
			ELIZABETH PEARL			BLAIR			Bla	. 0		MONTH	DA		YEAR	1403 M
			4. SOCIAL SECURITY NUMB	5. SEX	6. AGE (In yrs	last birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	_			LACE (State or Foreign	
	1	- 1	207-14-9741		1 M 2XXF	77	YRS.	MONTHS	DAYS	HOURS	MIN.	3-10-	ay Year)		Countral	sylvania
should			9a. FACILITY NAME (If not ins		treet and number)			9b, CIT	Y. TOWN	OR LOCAT	ION OF DE		-		TY OF DE	
, "		E E	PENINSULA R			AL CENT	ER			LISB				30. 000.		OMICO
. 2		5	RESIDENCE OF DEC					1								
Pages	1	DIRECTOR	10a. STATE	106. COUNTY				TY, TOWN		TION					1	10d. INSIDE CITY LIMITS?
			Delaware	Susse	ex		Se	afor						_		1 X YES 2 NO
Led 1	8	UNERAL	10s. STREET AND NUMBER							H. ZIP COC				10g. CITIZ	EN OF WH	HAT COUNTRY?
an Silver		<u>P</u>	125 E. Locu	ist St						1997				US		
20		2	11. MARITAL STATUS 1 Never Married 2 1	Married	12. WAS DECEDED FORCES?	1 YES 2	ARMED NO	13.	If yes, sp	pecify Cub	n, Mexica	NIC ORIGIN? (or No-	14. RACE - Black,	American Indian, White, atc.
5-0020	ХΙ	6	3 Widowed 4 Divor		IF YES, GIVE	WAR OR DATES	**		t 🗌 YES	B 2X NO	Specifi	y:			Specify.	white
215		b		EDENT'S EDU		16a.	DECEDENT'S	USUAL C	CCUPATI	ON		16b. KI	IND OF BUS	INESS/INDI	JSTRY	
		E	(Specify only Elementary/Secondary (0-	y highest grade	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done ise retired.)	during me	ost of work	ng					
		COMPLET	12			,	Home	make	r							
A Phe he detact	OUCE	0	17. FATHER'S NAME (First, Mil	iddle, Last)						16. MOT	NER'S NA	ME (First, Mide	dle, Maiden :	Surname)		
Y L	76	ш	Joseph P. Hi	.pkins						Mar	jori	e Mars	h			
MARYLAND 21 retained by the haspital or 5 should be detached for	notified	10 8	19a, INFORMANT'S NAME (Ty									Route Number,				
		ř	William C. B	lair -	- husband	d	125 E	. Lo	cust	St.	; Se	aford,	De.	1997	3	
BALTIMORE, after death. Page 6 may be by the funeral director, page	st be		20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation		oval from Stata	20b. PLA	CEANDDATE	OF DISPO	SITION (N	ame of		DATE	20c. LO	CATION — C	ity or Tow	n, Stata
BALTIMOR er death. Page 6 ma the funeral director, p	r must		4 Donation 57 Other	(Specify)		Fas	tern						94 (Georg	etowi	n, De.
TIP. Pa	examiner		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE .	100				ND ADDRE		ral Ho	ma			
AL deat	exar		John A.	Cran	ston	words.						Seafor		19	973	
	or removal medical		23. PART I. Enter the di	seeses, or	complications the	at ceused the	deeth. Do	not ente	r the mo	ode of dy	Ing. suc	h as cardia	c or respli	ratory arm	əst,	Approximate
nours	ĕ E		shock, or he IMMEDIATE CAUSE (Fin	eart failure.	List only one ca	use on each	line.									Onset and Daath
	cremation,		disease or condition	→		areli	10 011	0	2	no.	1/					
3760 ted with completely		1	resulting in death)	,	DUE TO	O (OR AS A DON	BEQUENCE C	OF):		0-0			/			
		z			b. 4	sulle	Dn	in	7	\mathcal{A}	NE	21-1	_			
OX 68 be execu	SE	CERTIFICATION	Sequentially list condition if any, leading to immediate	diate	DUIL TO	OR AS A CON	BEQUENCE C	P) (1.	/	2				
BOX ficate be	0	S	cause. Enter UNDERLYII CAUSE (Disease or Injur		c	ille	nor	UK		D_	K	er_				
	Hygiene property of other	느	that initiated events resulting in death) LAST		DUE TO	OR AS A CON	ISEOUENCE C	OF):				8				
P.O eath certi		Ä	resulting in death, EAS		d											
S	d Mental		PART II. Other significes	nt condition	ne contributing to	deeth but no	ot resulting	In the u	nderlyin	ng ceuse	given in	Part I. 24	ta. WAS AN		24b. 1	WERE AUTOPSY FINDINGS
ORD that the	₩ 3	DICAL										١.	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
RECOR requires that	Health DWS an											_ '	_ 1c3 2			OF DEATH?
W req	5 6											_				
I OF VITAL F PHYSICIAN: The law p this certificate has be	m 23	NAN	25. WAS CASE REFERRED TO	0 MEDICAL					28. P	LACE OF I	DEATN (Ch	eck only one)				
VIT AN: T	r item	SICI	EXAMINER?		HOSPITAL:	☐ ER/Outpatien	t 3 🗆 DOA	OTHE		ne 5 🗆 R	asidenca	8 Other (S	Specify)			
YSICI,	d, or	PHY	27. MANNER OF DEATN		28a. DATE O	F INJURY Day, Year)	28b. Til		28c. IN.	JURY AT		28d. DESCR		JURY OCC	URED	
N O N	marked	ВУ		Pending Investigation	(Mona),	Day, roury		M		YES 2	□ NO]				
NDIN R: After	ě u		3 Suicide 6 0	Could not be	28a. PLACE (OF INJURY — A	t home, farm,	street, fac	tory, offic	ca		261. LOCATI	ON (Street a Town, State)	nd Number	or Rumi Ro	oute Number,
DIVISION OR ATTENDING F	s after	2	4 Nomicide	delarmined		,						City Gr	iowii, dieley			
OR BIN	hours	F.	29a. CERTIFIER (Check only	IFYING PNYS	ICIAN: To the best o	of my knowledge	, death occur	red at the	time, date	and place	e, and dua	to the cause	(s) and men	ner as atate	rd.	
THE HOSPITAL	12 Z	COMPI)													and manner as stated,
F. F.	RTAN	Ö	296. SIGNATURE AND TITLE	OF CERTIFIE	R)	,				29c. LIC	ENSE NUI	MBER		29d, DATE	SIGNED /	Month Day, Year)
5 E E	be filed within IMPORTANT:	00	the	al	rul					1	21	887		13	10	196
FF	Δ =	2	-30 NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	JSE OF DEATH (ITEM 27) (Typ	e, Print)			1	00 /		-4	41/	400
			WAlter	Lise	Lick	5	60 R.	Jans	, clo T	DR	SI	Atuba	101	20		
			31. DATE FILED MONT. ON	6"100/	32 ECOSTR	AN'S SIGNATUR	en e	2	\	-17		J U	0	11/4		
	- 1	ı	HLV A	1334	1	to go Latitude a-	1									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a section and reference of the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to-find within 72 hours after death with the State Deat of Health and Mental Hydiene prior to burial, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
res that the death certificate be executed within an ours after death. Page 6	igned by the attending physician and completely filled in by the funeral direct teath and Mental Hydiene prior to burial, cremation, or removal.	vs any injury, or other traumatic event, the medical examiner m
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requi	TO THE FUNERAL DIRECTOR: After this certificate has been she find within 72 hours after death with the State Dent. of H	IMPORTANT: If item 28 is marked, or item 23 show

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H			YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) KATLIN	GAIL B	ARNE	TT		2. DATE OF C	DAY 28	YEAR 94	TIME OF DEATH
		5. SEX 6. AGE (in yrs. 1	lest birthday)	F UNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS, HOURS MIN.	7. DATE OF B (Month, Day	28-94	Country)	ACE (State or Foreign
TOR	St. Joseph Hospital RESIDENCE OF DECEDENT	17620 Yark Rd		Towson	mb 2	ATH 21204		Himore	County
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ON				Dd. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CIT	IZEN OF WH	AT COUNTRY?
BY FUR	11. MARITAL STATUS Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 1 YES 2 1 IF YES, GIVE WAR OR DATES	NO	If yes, spe	ENDENT OF HISPAN ecify Cuben, Mexican 2 NO Specify	n, Puerto Rican		14. RACE — Black, V Specify:	- American Indian, White, atc.
유	15. DECEDENT'S EDUCA (Specify only highest grade co			BUAL OCCUPATIO k done during mos retired.)		16b. KIN	O OF BUSINESS/INC	DUSTRY	
BE COMPLET	17. FATHER'S NAME (First, Middle, Lest)	Darnett					, Maiden Sumame) . Bar	-net	+
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a			ity or Town, State, Zij		
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remov 4 Donation 5 Other (Specify)	ral from State of cernet	CE ANO OATE O ary, crematory or			OATE	20c. LOCATION —		
	21. SIGNATURE OF FUNERAL SERVICE LICES S'T. Jasepa	h Hospital	/	762	20 York	K Rd.	Joseph. Tousor	my mil	21204
	23. PART I. Enter the diseases, or co shock, or heert feliure. Li immediate CAUSE (Finel disease or condition resulting in deeth)	mplicatione thet caused the st only one cause on each i	ino. Iable						Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON							
	resulting in deeth) LAST								+
BY PHYSICIAN: MEDICAL	PART (i. Other significant conditions	contributing to death but ne	ot resulting in	the underlying	g cause given in		NAS AN AUTOPSY PERFORMED? YES 2 NO	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF OEATH (Ch	eck only one)			
KSI	1 TYES 2 NO	1 Inpatient 2 ER/Outpatien	t 3 🗆 DOA 4	☐ Nursing Hom	e 5 🗆 Residence				
/ PH	27. MANNER OF DEATH 1 Netural 5 Pending	28s. OATE OF INJURY (Month, Dey, Year)	28b. TIME INJUI	RY WO	RK?	266, OESCHII	BE HOW INJURY OC	CUMEO	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, str	eet, factory, offic	•	28f. LOCATIO City or To	N (Street and Numberwn, State)	or or Rural Ro	ute Number,
COMPLETED	one)	IAN: To the bast of my knowledge							end menner ee stated.
BE	295. SIGNATURE AND TITLE OF CERTIFIER	10 111	/)		29c. LICENSE NUI	MBER	29d. DA	TE SIGNEO (Month, Day, Year)
ō/I	30. NAME AND ADDRESS OF PERSON WHO	. \ -1			100	1807		3-1	12011
	31. DATE FINAPR. 07-1994	3 Justine and the property of	Rardall	RK	10 , 10	JUV 300	N, M		1004

The Blandel

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN												
	CAROLYN	1 = Si	LE BEI	ALL C	Carolyn	Sue B	eall		2. DATE OF	DAI	15 19	4 4 3	3. TIME OF DEATH
1	. SOCIAL SECURITY NUMB		5. SEX		yrs. last birthday			IDER 24 HRS.	7. DATE OF				LACE (State or Forei
37	415-68-9	643	1 M 2 DF		5/ YRS.	MONTHS	DAYB HOU	RB MIN.		Day, Year) - 30 1	V2	Tenn	essee
1	le. FACILITY NAME (If not in	-	street end number)			9b. CITY, T	OWN OR LO	ATION OF DE		00		TY OF DEA	
	Shady Grove	adaror	ntict Ho	anital	1		ville						
	RESIDENCE OF DEC		ILIST IIO	Spital		Kock	VITTE				Mont	gome	гу
1	IOe. STATE	10b. COUNT	Y		10c. C	TY, TOWN OR	LOCATION					1	IOd. INSIDE CITY
4	Maryland	Monte	gomery		Ge	rmanto	wn					1	LIMITS?
	00. STREET AND NUMBER		30			Zindiloo	10f. ZIP (ODE			10a, CITIZ		IAT COUNTRY?
1	18261 Metz	Drive					208	7/.				U.S.A	٨
P	I. MARITAL STATUS	DIIVE	12. WAS DECEDE	NT EVER IN I	US ARMED	13 WA			VIC ORIGIN?	Specify Vec			- American Indian,
	☐ Never Married 2 🔯	Merried	FORCES?	1 YES	2 XNO	If y	es, specify (uban, Mexica	in, Puerto Ric		0.10	Black, 1	White, etc.
3	Widowed 4 Divo	roed	IF YES, GIVE	WAH OH DAT	ES	1	AER 5 M	NO Specify	γ:			Specify:	White
		EDENT'S EDU		1	16a. DECEDENT				16h K	IND OF BUS	SINESS/IND	USTRY	MILTER
	(Specify only	y highest grade	completed)			f work done dur		orlding	1000				
-	Elementary/Secondary (0	-12)	College (1-4 or 5		Homema				-	0	U.S.		
1	7. FATHER'S NAME (First, M	licicila (nat)			nomenia	VET	1 40 4	OTHER!	ME (First, Mic		Home		
							1 7 - 1						
	Roy Samuel				401				Nancy				
						IQ ADDRESS (S							
	James T. Be		Jr.			1 Metz		e, Ge:		_			
1	20e. METNOD OF DISPOSITI	n 3 🗆 Rem	noval from State	comet	PLACE AND DATE	other place!			DATE			City or Town	
4	☐ Donetion 6 ☐ Other	(Specify)		_ Co	ral Ric	ige Cer	neter	3/	19/94	Cap	e_Con	ral,	Florida
2	1. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22. NA	ME AND AD	RESS OF FA	CILITY DE	Vol I	Funer	al Ho	ome
	•	5 1	-					peer	Park I	rive			
	23. PART I. Enter the or shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	esit feliure.	Liet only one cs	S (C)	th line.	not enter th		dying, suc	MD 20		ratory erro	eet,	Interval Be
2	shock, or ho IMMEDIATE CAUSE (Fin disease or condition resulting in death)	est fellure.	Liet only one cs	S (C)	the deeth. Do	not enter th	s mode of	dying, suc			ratory em	ect,	Approximatinterval Bet Onset and i
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P.O.
RECORDS,
OF VITAL
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transition or named and the first and Mental Horison prior to burial common or named	of men minimary, more also decided that the copy, or received mental hybric productions, or removed. Or removed the most be notified at once.
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		FOR STATE REGISTRAR	STATE OF M				T OF H				YGIENE EG. NO.				
ľ		1. DECEDENT'S NAME (First, Middle, Last)			0			4		2. DATE OF O	EATH		3	. TIME OF OEATH	
ľ		Thomas	Polos	130	1)en	no t	1		Marc	h 22.	790	YEAR	1.20 F) M
ı		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B				ACE (State or Foreign	70
ł		318-14-4158	1 XM 2 - F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)	- 1	Country)		,,,
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1	2	Westminster Nur	sing & Co	onv. Cti	r.	We	estmi	nste	r			Car	rroll		
ı	S	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCATI	ON					T 1	od. INSIDE CITY	
1	DIRECTOR	Md. Car	roll		W	estn	ninst	er					- 1	LIMITS?	
1		10s. STREET AND NUMBER					104	ZIP CODE			Τ.	A. CITI		X YES 2 NO	,
ı	2	1234 Washing	ton Rd.				100.	211			1	og. Griz	U.S.		
1	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN U.S. AF	MED	Lan						and I			
1		1 Never Married 2 Married	FORCES? 1	YES 2 📉	NO	13.	If yes, spe	city Cuba	n, Mexica	NC ORIGIN? (Sp In, Puerto Rican,	etc.)	No-	Black,	- American Indian, White, etc.	
1	A	3 📜 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 🔼 NO	Specify	y:		- 1	Specify:	White	
1		15. DECEDENT'S EDU	CATION	18e. DE	CEDENT'S	USUAL	OCCUPATIO	N		16h KIMI	OF BUSIN	ESC/INO	IC TOV	1111111	_
1	H	(Specify only highest grade		rrs rrs	then kind of	words done	distant man	t of workin	g	Total Runs	O BOSIN	LOGINOC	Jaimi		
	2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sch	1001	Teac	cher			Pr	ivate	Sch	nool		
5	COMPLET	17. FATHER'S NAME (First, Middle, Lest)					T	40 MOTE	AFOND NA	ME (First, Middle,	44-14				_
		Thomas Edwin B	ennett				- 1		Sybi		liams				
	BE	19a. INFORMANT'S NAME (Type/Print)	02222000												
	2	Elka Keosei	on	"						Route Number, Cr				27776	
		The state of the s							Tace						
		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	oval from State	cemetery, cre	matory or o	ther place	J			DATE	20c. LOCAT				
		4 Donation 5 Other (Specify)		Metro	Cre	mato	ry M	ar.	26,	1994	Balt	imor	re, M	d.	
1	- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ON AL	/			. NAME AN			ral Ch	Ione			21117	
		Hy Lel	March	_							-	Ouris	oge M	ills. Md	
ſ		23. PART I. Enter the diseases, or	complications that	caused the de	eath. Do i	not ente	r the mod	le of dyl	ng, suci	h as cardiec o	or respirat	ory arm	eat,	Approximate	
		shock or heart failure. IMMEDIATE CAUSE (Final	List only one caus	se on each line		_	54	-			٨		,	Onset and D	
	H	disease or condition	ant	tonia	208	1.50	ole	P	0	and	, 'en 1	110	scul	100	watii
	H	resulting in death)	DUE TO (OR AS A CONSE	QUENCE O	n:	0 - 0			1	10	0		-	
	- 1				1:	~ 0	a 4	0		ali	ia	X		1,100	~
	ERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONSE	DUENCE O	F): . ^		_	7					17	
	¥	if any, leading to immediate cause. Enter UNDERLYING		Po	les.	ILL	al.							9	
		CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS CONSE	OUENCE O	f):	-0-0							+	
	E	resulting in death) LAST	2.1												
	빙		d											+	
	4	PART II. Other algolficant condition	contributing to	death but not i	resulting	in the u	nderlying	cause g	lven in		WAS AN AUT			VERE AUTOPSY FINDS	NGS
	MEDICAL	_ plewro	را بع بد	سعندي					1-		YES 2 [1]		0	OMPLETION OF CAUS	SE
	Ä	_ leach	elid	. 7	me	10	120	-7t	ب				-	F DEATH?	
	-			7		1									
	\$	25. WAS CASE REFERRED TO MEDICAL					26_PL/	ACE OF D	EATH (Ch	eck only one)					
	PHYSICIAN:	EXAMINER? 1 YES 2 ND	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE		5 T Re	aldence	6 Other (Spe	niful				
	¥∥	27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TIM	E OF	28c. INJU	IRY AT	I	28d. DESCRIB		JRY OCC	URED		
		1 Natural 5 Pending	(Month, Da	y, Year)	IN.	JURY M	1 V	IK? ES 2	I ND						
	A A	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF	INJURY — At he	ome, farm.	street, fac				28f. LOCATION	(Street and	Number i	or Aural Bou	de Mumber	
	8	4 Homicide 6 Could not be	building, e	Mc. (Specify)	,					City or Tow					
	9	29a. CERTIFIER			_	_						_			
	<u>a</u>	(Check only	CIAN: To the best of i												
	COMPLET	2 MEDICAL EXAMINE	:H: On the basis of ex	amination and/or	Investigatio	on, in my	opinion, de	ath occur	ed at the	time, date and p	place, and d	us to the	cause(s) s	ind manner as state	d.
	w II	296. SIGNATURE AND TITLE OF CERTIFIE	, _	1				29c. LICE	NSE NUN	MBER D.	21	9d. DATE	SIGNED (A	Aonth, Day, Year)	11
	0	Epira	m	12 pr	2-	F		1	14	199-		7	3-3	12-41	4
	- 11	30 NAME AND ADDRESS OF DEDSON WH	O OBLIGH CEED OLLIG		7-1	- 1						-			$\overline{}$

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM \$7) (Type, Phot)

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24 9 32. REGISTRAR'S SCHATURE

THE ARCHITECTURE

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DHMH-16 Rev 1/89

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rours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

BOX 68760,
, P.O.
RECORDS
OF VITAL
DIVISION

	1. DECEDENT'S NAME (First, Middle, Last)	DD T MM T11/21/21			OF DEATH	2. DATE OF DEATH MONTH 3 - 17	1994	3. TIME OF E
	RADA PEARL 4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	3 - 1 / 7. DATE OF BIRTH		HPLACE (State
	213-74-7658	104106	96 YAS.	MONTHS DA		(Month, Day, Year) 10-15-	Coun	itry)
	9e. FACILITY NAME (If not institution, give st	Δ.	90	96. CITY, TO	WN OR LOCATION OF D		9c. COUNTY OF	MARYLA DEATH
OR	PITTSVILLE	GUMBORO RI	D.	PI	TSVILLE		WICO	OMICO
DIRECTOR	RESIDENCE OF DECEDENT							
E		COMICO	10c. CI	TY, TOWN OR L	SVILLE			10d, INSIDE
	100. STREET AND NUMBER	COMICO	19.7	FIIII	101. ZIP CODE		10g. CITIZEN OF	1 YES 2
FUNERAL	PITTSVILLE	GIIMBORO RD		17701	21850			S.A
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS		NIC ORIGIN? (Specify Yes	or No.— 14. RAC	E - American
	1 Never Married 2 Merried	FORCES? 1 YES	Z XNO	If yo	a, specify Cuben, Mexic YES 2 ₩ NO Speci	an, Puerto Ricen, etc.)	Spe	ck, White, stc.
D BY	3X Widowed 4 Divorced				- X			^{cany:} WH∃
ETEC	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DECEDENT'S (Give kind of life. Do NOT u	work done durin	PATION g most of working	16b, KIND OF BU	SINESS/INDUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		SEWIFI	7	OWN	HOME	
COMPL	17. FATHER'S NAME (First, Middle, Last)		1100	CHATEI		AME (First, Middle, Meiden		
Ü	JOSHUA WILLI	AM WELLS				RY PARSON		
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (St		Route Number, City or Tow		
2	MARY ELLEN C	ROPPER				HIGHWAY N		MD. 21
	20e. METHOD OF DISPOSITION 1- Burlel 2 Cremetion 3 Hemo		PLACE AND DATE	OF DISPOSITIO			CATION — City or T	
(22. PART /. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on ea	ich line.	not anter the		on as cardiac or reap		Appro- intervi Onset
			100					18
7	resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	OF):	2			15
LION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	1000	-0	7			15
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Y120,	1000	-0	2			153
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Y120,	CONSEQUENCE OF	OF):				157
CERTIFICATION	Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Dulk	CONSEQUENCE OF	e o				15 4
DICAL CI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE C)A):			AUTOPSY 24	b. WERE AUTOP: AMAILABLE PROOMPLETION OF DEATH? 1 YES 2
: MEDICAL CI	Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART il. Other algnificant condition	DUE TO (OR AS A	CONSEQUENCE C)A):		Part I. 24a. WAS AN	AUTOPSY 24	AVAILABLE PR COMPLETION OF DEATH?
SICIAN: MEDICAL CI	Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	DF):	lying cause given in	Part i. 24a. WAS AN PERFOR	AUTOPSY 24	AVAILABLE PR COMPLETION OF DEATH?
PHYSICIAN: MEDICAL CI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A Contributing to death but Contributing to death but DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE CONSEQ	OF): In the under OTHER: 4 Nursing ME OF 28c JURY M 1	lying cause given in 6. PLACE OF DEATH (C) Home St. Residence INJURY AT WORK? YES 2 NO	Part I. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY 24	AVAILABLE PR COMPLETION OF DEATH?
SICIAN: MEDICAL CI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS A Contributing to death but HOSPITAL: I Impatient 2 ER/Output 28e. DATE OF INJURY	CONSEQUENCE C CONSEQUENCE C at not resulting	OF): In the under OTHER: 4 Nursing ME OF 28c JURY M 1	lying cause given in 6. PLACE OF DEATH (C) Home St. Residence INJURY AT WORK? YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2 heck only one)	AUTOPSY MED? NO NJURY OCCURED	AMILABLE PR COMPLETION OF DEATH? 1 YES 2

-Randall

HEALTHWAY

32. REGISTRAP'S SIGNATURE
Suna Davidson

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WILLIAM

MAR 18 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ROBBINS

SALISBURY MD

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be fied within 12 hours after death with the State Dept. or reating and Mental hydere prof to burlay, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENI REG. NO.	
	1. DECEDENT'S NAME (First, Middle I	Laura S.	Berr		2. DATE OF DEATH MONTH March 25	3. TIME OF DEATH 6 a.m. M
	4. SOCIAL SECURITY NUMBER 213-03-3610	1 🗆 M 2 💢 F	78 YRS.	FUNDER † YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.		BIRTHPLACE (State or Foreign Country) Maryland
E CH	9a. FACILITY NAME (if not institution 103 Clarendon RESIDENCE OF DECEDE	Ave.		Pikesville	EATH	sc. county of ceath Baltimore
UNECTOR	10e. STATE 10b.	county Baltimore	1000	TOWN OR LOCATION Pikesville		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 1 NO
EHAL	100. STREET AND NUMBER 103 C1	arendon Ave.		101, ZIP CODE 21 208		10g. CITIZEN OF WHAT COUNTRY? U.S.A.
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Rican, atc.)	or No— 14. RACE — American Indian, Black, White, etc. Specify White
COMPLEIED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12) 12	T'S EDUCATION est grade completed) College (1-4 or 5+)	life. Do NOT use	rk done during most of working	16b. KIND OF BUS	sery School
BE COM		M. Simonds			AME (First, Middle, Meiden s ie McKenzie	
2	19e. INFORMANT'S NAME (Type/Pri Susan Me	Gibson	521 Fo	rest Lane, Cato	onsville, M	d. 21228
	20e. METHOD OF DISPOSITION 1 Device 2 Cremation 3 4 Denation 6 Other (Speci	Removal from State Cor		pisposition (Name of ge Cem. Mar. 2	8,1994 Pike	extion — City or Town, State sville, Md.
	D H.4. 2	chlandt		Eckhardt Fu	meral Chap	Owings Mills Md.
HILLAITON	23. PART I. Enter the disease shock, or heart f IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR AS .	eech line.	h lung mel		Interval Between Onset and Death
CER	resulting in death) LAST	d				
N: MEDICAL	PART II. Other significant co	onditions contributing to deeth i	but not resulting in	the underlying cause given in	Pert I. 24e. WAS AN PERFORI	MED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL: 1 Inpettent 2 ER/Out		26. PLACE OF DEATH (COTHER:	194	
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investi	28e. DATE OF INJURY	28b. TIME INJUI	OF 28c INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED
	3 Suicide 6 Could 4 Homicide datam		Y — Al home, farm, str polly)	eet, factory, office	28t, LOCATION (Street a City or Town, State)	nd Number or Rural Route Number,
COMPLETED		G PHYSICIAN: To the best of my know				ner as stated. I due to the cause(s) and manner as stated.
0 65	296. SIGNATURE AND TITLE OF C			29c. LICENSE NU	MBER / V99	29d. DATE SIGNED (MOTTH, Day, Year)
	Dr. Howard	d Can be	5310	old Cou	rt Rd	21133
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE AND			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writing. Thours after death. Page 6 may be retained by the hospital or attending physician.	fler death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit per	the funeral director, page 5 should be detached for use as the burial-transit per
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	oval.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIFI	CATE	OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				11.7		5,15	2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH
		Louis Go							19, 199		10:00 A M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. le	st birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF (Month, D		8. BIRT	HPLACE (State or Foreign
	219-30-9831	XX M 2 □ F	64	YRS.	WONTHS	DAYS	HOURS MIN.		7,1930		ryland
	Sa. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, T	OWN O	R LOCATION OF DE			INTY OF	
8	Dorchester Gener	al Hospita	1		C	amh	ridge		Т	lorah	ester
K	RESIDENCE OF DECEDENT	di nospita	**		- 0	טווונ	riuge		1 1	JOI CI.	lester
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c, CITY	, TOWN OR	LOCAT	ION				10d. INSIDE CITY
5	Maryland Dor	chester			Rhode	hoe	210				LIMITS?
	10s. STREET AND NUMBER	0.1.00.001			10100		ZIP CODE		10a, CI	TIZEN OF	WHAT COUNTRY?
2	4802 Rhodesdale	Foot Mov. N	Annlent	Dood							
FUNERAL	11. MARITAL STATUS						21659			US	
5	1 Never Married 2 Married	12. WAS DECEDENT I FORCES? 1	YES X	NO	If y	res, spe	ENDENT OF HISPAN Icity Cuban, Mexican	, Puerto Rica		14. RAC	E — American Indian, ik, White, atc.
BY	3 🔀 Widowed 4 🗆 Divorced	IF YES, GIVE WAF	OR DATES		1[YES	ND Specify			Spec	White
	15. DECEDENT'S EDL	1	To a		1						WILLE
2	(Specify only highest grade		10	ECEDENT'S I Silve kind of w b. Do NOT use	rock done du	ing mo	N st of working	16b. Kil	ND OF BUSINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)									
₽	8		Co.	Road	ls Wor	rke:	r	Equ	ipment C	pera	tor
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NAI	ME (First, Midd	fle, Maiden Surname)		
BE	Albert Louis	Bierman					Lucie	Brady	7		
8	19a. INFORMANT'S NAME (Type/Print)		.19	b. MAILING	ADDRESS (Street a	nd Number or Rural F	loute Number,	City or Town, State, Z.	ip Code)	
2	Martha Edge			P.O.	Box 3	31	Rhodesda	le. Ma	ryland 2	1659	-540
	204. METHOD OF DISPOSITION		20b. PLACE	ANDDATEO	F DISPOSITI	_		DATE	20c, LOCATION -		
	1 Donation 6 Ofther (Specify)	novel from State	Sali	Shir V	her place) Crer			4-21			Maryland
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE	Duil	.Sbul y		_	D ADDRESS OF FAC		Dalisu	ur y,	rial y Lallu
	- /// -	1)					s Funera		е		
	you w)	tomer			70	0 I	ocust St	reet	Cambridge	a. Ma	aryland 2161
	23. PART Enter the disease, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line	le.	as	A	on or aying, such	via cardiac	c or reapiratory at	rrest,	Approximate interval Between Onset and Dawth
-	_	Inch	emi	6	can	J.	ime	JE X	ety		MA
<u>0</u>	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSE	DUENCE OF):	-		()	e7		1
¥	cause. Enter UNDERLYING						V				- I - V
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSE	OUENCE OF):						
E	resulting in death) LAST										
S		6									
EDICAL	PART II. Other significant condition	ns contributing to d	eath but not	resulting is	n the unde	artying	cause given in	Part I. 24	MAS AN AUTOPSY PERFORMED?	24	MERE AUTOPSY PINDINGS MAILABLE PRIOR TO
일	- mebele	4						_ 1	VES 2 (0.40		COMPLETION OF CAUSE OF DEATH?
MEC	Huserl	moran									1 VEB 2 (2.40)
-	Tollaria	ahus	0					_			
₹ I	25. WAS CASE REFERRED TO MEDICAL			-		26. PL	ACE OF DEATH (Ch	esk only one)			
8	EXAMINERY 1 YES 2 LINO	HOSPITAL: 1 ☐ Inpetient 2 ☐ E	B/Outputient 1	1 STOOM	OTHER:	1000000	s 5 🗆 Residence	ra receivantes.			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF IN		25b, TIME	-	-	JRY AT		IBLE HOW INJURY OF	CUBED	
	1 Panding	(Month, Day		INJ		WO	RK7				
BY	2 Accident Investigation	28e. PLACE OF	M. HODY _ At to	I tom a	transf factors			DEL LOCATE	A		
	3 Suitcide 6 Could not be 4 Homicide determined	building, et	e. (Specify)	ome, tarm, s	treet, fector	y, emie		City or 1	ON (Street and Numbe Dwn, State)	er or Flurer	Nous Number
E											
2	29a. CERTIFIER Check only	ICIAN: To the beet of m	y knowledge, d	eath occurre	d at the tim	e, data	and place, and due	10 the cause(e) and manner se st	ated.	
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basis of exam	mination end/or	investigation	n, In my opi	nion, d	with occured at the	time, data an	d place, and due to i	the cause	s) end manner as stated.
	29b. SIGNATURE AND TITLE OF CENTIFIE	n 1/1 0		->	1		29c. LICENSE NUN	IDED	204 04	TE PIONE	D. Ottoine One hand
TO BE	Weenlu	Mule	20	8	MO		D44	749		3/2	(Moeth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI Peter Whitesa		OF DEATH (ITE	M 27) (Type,	Print) Du	te	human	5 4	n East	on	10012 CM
	MAR 22 94	32. REGISTRAR	s signature	82							

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BALTIMORE, MARYLAND 2	Flours after death. Page 6 may be retained by the hospital of	lled in by the funeral director, page 5 should be detached for no removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Yours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF I	MARYLAND						MENT	AL HYG	IENE				
	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)			ERTIFI	CATE	OF I	DEAT	TH_		REG			1	er olu	
	Robert En	nma+ Ru	nbo						MON		DAY	YEAR		ME OF DEA	TH
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. Is	et hirthday	IF UNDER	1 VEAR	IF UNDER	A4 4500	_	LC.h.	22	1994		4:10	
	135-03-7889	1 💢 M 2 🗆 F	75		MONTHS		HOURS	MIN.	(Mor	oth, Day, Yo	er)	Cou	ntry)	Ierse	
E E	90. FACILITY NAME (If not institution, give: Anne Arundel Me		nton			Anna					9c. C	Anne	DEATH		
15	RESIDENCE OF DECEDENT					701710	pour					AVINCE	rvui	nuec	
DIRECTOR	MD Anno	v 2 Arundel		10c. CITY,		R LOCATIO								INSIDE CITY LIMITS? YES 2 [
	10e. STREET AND NUMBER	Nunuec			PVIV	rapol	ZIP CODE				100	CITIZEN OF	1		NO
FUNERAL	234 Prince Geor						214				109.	USA	What	OUNTRY	
15	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED NO	13. W	WAS DECE	NDENT O	F HISPAN	VIC ORIG	IN? (Special	y Yes or No-	- 14. RA	CE - An	nerican Indi	en,
B	3 Widowed 4 Divorced	IF YES, GIVE V	Y YES 2 (1) WAR OR DATES - 1946			☐ YES 2				rncan, an	1		icfy:		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			ECEDENT'S U Dive kind of wo e. Do NOT use	ork done di	CUPATION uring most	of workin	g	16	b. KIND O	F BUSINESS	INDUSTRY			
MPL	12	4		rsulta	int				نك	reci	ous M	letal	5		
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH				alden Surnam	0)			
) BE	John A. Burke		19	Db. MAILING /	ADDRESS	(Street and	Number		-	MCMay		Zip Code)			
5	John Burke			391 Te											
	1 Buttel 2 Committee 3 Pen	novel from State	206. PLACE	tory or olb	er place)	non man oma t	oot Ohu	3/	24/0	TE 20	Rhow f	- City or	Town, Sta	nte HILD ON	ad
	21. SIGNATURE OF FUNERAL SERVICE LI	CENTREE	1	ricor	22. N	IAME AND	ADDRES	S OF FAC	CILITY 7	ahu	M Ta	wood	Euro	rycay	Hama
	Tomala a	1. Tuy	/w		14	1 vu	re o) (GI	Kouc	este	r St.	Anno	pol	is, N	1011110
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one ceu	use on aach iin	е.				ng, suci	h aa ce	rdlec or a	respiretory	arrest,	- 10	Approximinterval Bookset and	etween
z		a Re	(OR AS A CONSE	Fail	in										
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONSE	OUENCE OF)	:										
CERTIFICATION	CAUSE (Disease or injury that initiated events	c. OUE TO	(OR AS A CONSE	OUENCE OF)	:								-		
CERI	resulting in death) LAST	d,											-		
AL	PART II. Other aignificant condition	ns contributing to	deeth but not	reaulting in	the und	deriying	cause g	Iven in	Part i.		S AN AUTOP	SY 24		AUTOPSY FI	
SC											RFORMED?			LETION OF C	
MEDICAL														rES 2 🗆 I	NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOGBITA					E OF OE	EATH (Che	ock only o	ne)					
Sic	1 TYES 2 NO	HOSPITAL:	ER/Outpatient		OTHER:		5 🗆 Res	sidence	6 🗆 Oth	er (Specify,)				
PHYSICIAN:	27. MANNER OF OEATH 1 1 Natural 5 Pending	28a. OATE OF (Month, D	INJURY lay, Year)	28b. TIME INJU		28c. INJUF		1 40	28d. DE	SCRIBE H	OW INJURY	OCCURED			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At he	ome, farm, atr	reet, factor		3 2 🗆	NO	281. L.O	CATION (SI	reet and Num	ber or Rurai	Route No	umber,	
ETE	4 Homicide determined														
COMPLET	(Check only CERTIFYING PHYS	ICIAN: To the best of ER: On the basis of a											(a) and m	nanner aa si	tated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		PE S					NSE NUM							
8	01111	reent O	D WID			Ι,		373	vert. F1		290. 0	ATE SIONE			0.4
			u				ULO	3/3				Marc	n 22	19	74
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type, F	Print)						1110	221 0	2001	1	
0	30. NAME AND ADDRESS OF PERSON WHE					ns T	Slan	d Da	had	Δμμαι	(410-1	224-2	222		

Julia Davidson Bandalle

Robert M. Greenfield,
31. DATM HAR 25 1994 32. Pt

ITEMS: 28a-f, PER MEO FILM G-710 4/29/94 t.t.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR				CERT	FICAT	E OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Mic	ddle, Lest)							2, 0	DATE OF DEATH			3. TIME OF DEA	тн
	RICHARD		LEE		Е	ULA	NC		N	IAR. 2	2	94	7:00	Рм
	4. SOCIAL SECURITY NUMBER	T	5. SEX		n yrs. lest birthde		ER 1 YEAR	IF UNDER 24 HRS.	+	ATE OF BIRTH			HPLACE (State or I	
	578-92-0906		1√2 M 2 □ F		31 yrs	MONTH	_	HOURS MIN.	0	Month, Day, Year)		Count	try)	Grangii.
	9a. FACILITY NAME (If not institu	den et e et)-6-62			yland	
œ	1		PO	TOMA	A.C.			OR LOCATION OF DI	EATH			INTY OF E		
0	U.S.#340 S		OF RI	VER-		Nea	r Sar	ndy Hook			WAS	SHIN	IGTON	
DIRECTOR	RESIDENCE OF DECED	DENT b. COUNTY			100	YTY TOWN	OR LOCAT	TION					10d. INSIDE CIT	
E .		Jeffer	rson			nson		11014					LIMITS?	
	10a, STREET AND NUMBER				- "								1 ₹ YES 2 [NO
FUNERAL	308 West 6th	Arroni	10				101	25438				S.A.	WHAT COUNTRY?	
NE) • A.		
5	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1			1		ENDENT OF HISPAI ecity Cuban, Maxica			or No-	14. RAC Blac	E — American Ind ck, White, atc.	len,
В	3 Widowed 4 Divorced		IF YES, GIVE W					2 XNO Specif		orto ritoani, otali,		Spec	offy:	
												Wh:	ite	
Ē	15. DECEDE (Specify only hig	ENT'S EDUCA ghest grade o	KTION ompleted)		16a. DECEDEN (Give kind	of work don	e during mo	DN ost of working		16b. KIND OF BUS	INESS/IN	DUSTRY		
Ш	Elementary/Secondary (0-12))	College (1-4 or 5	·)		use retired								
COMPLETED	12		2		Logist	ics	Engir	neer		CTI., C	O.,	Inc	•	
8	17. FATHER'S NAME (First, Middle									irst, Middle, Maiden	Surname)			
BE (Moj A. Bulaor	n						Doroth	y E	aigo				
	19a. INFORMANT'S NAME (Type/							and Number or Rural						
5	Tina M. Bulac	on			308	West	6th	Avenue,	Ra	ınson, W.	.Va.	2543	38	
	20a. METHOD OF DISPOSITION			20b.	PLACE AND DA	TE OF DISP	OSITION (Na	ame of		DATE 20c. LOC	CATION -	City or To	own, Stata	
	120 Burlal 2 Cremation 4 Donation 5 Other (Spe		ral from State	P1	etery, crematory o	Vi OW	Mem.	. Gardens	5 13	3-25 Mart	insl	oura.	. W. Va.	
	21. SIGNATURE OF FUNERAL SE	ERVICE LICE	NSEE	1	cabarro	2	2. NAME AL	ND ADDRESS OF FA	CILIT	Y				
- y	P4	1	0		1			vin T. S				. Box	x 388	
) ougl	an	R. A	4 44	-110-1		Chai	rlog Torn	n	TAT TITO OF	1111			
				wu	The state of the					W.Va. 25				
	23. PART i. Enter the disea	asea, or co	mplications the	t caused	the deeth. D	o not ent						real,	Approxim	
	23. PART i. Enter the dises ahock, or haart IMMEDIATE CAUSE (Final	t failure, Li	at only one cau	isa on aa	ich lina.							real,	Approxin Interval I Onset an	Between
	IMMEDIATE CAUSE (Final disease or condition	t failure, Li	at only one cau	isa on aa	ich lina.							real,	Interval I	Between
	IMMEDIATE CAUSE (Final	t failure, Li	mplications that ist only one cau Multiport	isa on aa	ich lina.							real,	Interval I	Between
7	IMMEDIATE CAUSE (Final disease or condition	t failure, Li	at only one cau	isa on aa	ich lina.							real,	Interval I	Between
ION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions	a.	Multu DUE TO	ISA ON AS (OR AS A	ich lina.	OF):						real,	Interval I	Between
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Michael Land Miles

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
MAR 2 8 1994

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	1. DECEDENT'S NAME (First, Middle, Last) Jason Harol						MONT	ch 21,	1994	EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-26-0256	5. SEX 6. /	AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	4.	BIRTH	PLACE (State or Foreign Ryland
	Da. FACILITY NAME (If not institution, give 12275 Pleasant Varies) Presidence of Decement			96		Smiths bu	EATH		9c. COUNTY		eath ington
	10e. STATE 10b. COUNT	washington		10c. CITY, T	Smith	rsburg					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER 12275 Pleasant Vo	ulley Rd.			10	1. ZIP CODE 217	83			J.S	A A
	11. MARITAL STATUS 1 Never Married 2 XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1	VER IN U.S. ARM YES 2 X NO OR DATES	ED)	il yes, s	DENDENT OF HISPA Decity Cuban, Maxic 3 2 NO Spec	an, Puerto	17 (Specify Yes Ricen, etc.)	or No 14.		- American Indian, white, etc.
-	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DEC (Giv iife. L	EDENT'S US NOT use re Macha	JAL OCCUPATION done during metired.)	ON ost of working			siness/indus		uipment
	17. FATHER'S NAME (First, Middle, Lost) Mahlon M. Bowman			- Not Cire	3,000	18. MOTHER'S N	AME (First.	0	Surname)	-4	or domestic
ŀ	190. INFORMANT'S NAME (Type/Print) JOYES V. BOWMAN					and Number or Rural It Valle	Route Num	ber, City or Tow	n, State, Zip Co		. 21783
ľ	20a. METHOD OF DISPOSITION 1 [X Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	20b. PLACE AF	NDDATEOF	ISPOSITION (N		DAT	E 20c. LO	CATION - CIN	y or To	wn, Stata
	21. SIGNATURE OF TUNERAL SERVICE LI	densee	1.	are ve	22. NAME A	ND ADDRESS OF F	ACILITY				
	23. PART I. Enter the diseases, or shock, or heart fellure.			th. Do not	1252	5 Funera 5 Bradbu ode of dying, su	ch as can	le. Smuldiac or respi	ths bw iratory arrest	rg,	Approximate interval Between
	shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR DUE TO (OR C.	AS A CONSEQUE	UENCE OF):	entar tha m	ode of dying, su	ch as can	diac or respi	ths bw iratory arread	rg,	Approximate interval Between
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR DUE TO (OR C.	AS A CONSEQU	UENCE OF):	entar tha m	ode of dying, su	ch aa can	diac or respi	ths bw	rg,	Approximate interval Between
	shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEOR	JENCE OF):	onter the mo	Ode of dying, su	ch as can	diac or respi	AUTOPSY IMED?	t,	Approximate interval Betwo Onset and De 2 YEART
	shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENT AS A CONSEQUEN	JENCE OF): JENCE OF): sulting in t	ha underlyin	g cause given is	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	t,	Approximate interval Between Onset and De 2
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	shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENT AS A CONSEQUEN	JENCE OF): JENCE OF): JENCE OF): Sulting in 1 DOA 4 28b. TIME O	ha underlyin 26. P THER: Nursing Hor F 28c. IN W 1	g cause given is LACE OF DEATH (Cone 5 Presidence JURY AT THE 2 NO	n Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b	Approximate interval Between Onset and De 2
	shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB-OF DEATH 1 Netural 5 Pending Investigation 3 Suleide 6 Could not be detarmined. 29a. CERTIFIER (Check only)	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE AS A C	JENCE OF): JENCE	ha underlyin 26. P THER: Nursing Hor F 28c. NN M 1 It, factory, office	g cause given is LACE OF DEATH (Cone 5 Pasidence JURY AT OPKES 2 NO	heck only or e of the ce to the ce	24a. WAS AN PERFOR 1 VES 2 Or (Specify) SCRIBE HOW I	AUTOPSY IMED? NJURY OCCUP and Number or	24b	Approximate interval Betwee Onset and De. 2
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdar manner in the state heart, of Health and Mental Moniene prior to burdar, certainly or removal
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
2	Matilda Marion Barnard									March 18, 1994 YEAR			9:30 A. M
4	4. SOCIAL SECURITY NUMBER 5. SEX			6. AGE (In yrs. last birthday)				-	R 24 HRS.	7 DATE OF BIRTH			
	219-48-8060 1 □ M 2 1 F			93 YRS.		MONTHS	MONTHS DAYS HOURS MIN.			June 2, 1900		8. BRITHPLACE (State or Foreign Country) Italy	
_	9a. FACILITY NAME (If not institution, give street and number)						96. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH						DEATH
DINECTOR	St. Mary's Hospital					L€	Leonardtown St. Mary's						ry's
2					TY, TOWN DR LOCATION 10d. INSIDE CITY								
5	Maryland St. Mary's Po				ark H	LIM						LIMITS?	
1	10e. STREET AND NUMBER						101	. ZIP COD	E		10g. CITIZEN OF WHAT COUNTRY?		
LONERAL	365 Leonardtown Point Lookout Road					20667				U			.A.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 5									NIC ORIGIN? (Specify Yes or No— 14. RACE-			E — American Indian, ik, White, atc.
	1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Wildowed 4 Divorced								Specif				White
3							JSUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY						MITTE
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				(Give kind of work done during most of working life. Do NOT use retired.)				ing	ISC. AIND OF BUSINESS/INDUSTRY			
CMTLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			"	Hous	sewii	fe			Н	ome		
5	17. FATHER'S NAME (First, M	fiddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Malden	Sumame)		
Į,	Paradie		Salv	ioli				Ro	omea	-	Ra	venn	a
19a. INFORMANT'S NAME (Type/Print) JOSEPH Cannetti 29a. METHOD OF DISPOSITION 1X0 Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE DISPOSITION (Name of Campetory or other place) 10c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c. LOCATION - City or Town, State 20c. LOCATION -													
										, Maryland			
4	23. PART I. Enter the d	nel	Sar	des	eer	P.	0. 1	Box 2	270 1	Leonardtow	n, Ma	aryl	and 20650
Entir Ical Foli	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to got as a consequence of Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to got as a consequence of Sequence of												
AN. MEDICAL O	PART II. Other significant conditions contributing to death-out pot resulting						The underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 99					WERE AUTOPSY PRODUCE AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
5	25. WAS CASE REFERRED TO SEDICAL 26. PLACE OF DEATH (CHICK ONLY ONE) EXAMINER? OTHER:												
2	1 YES 2		1 Inpetient 2			4. [] Nur	sing Hon		esidence	6 Cher (Specify)			
	1 Netural 5	# 1.1.7EB 2.1.1NO											
	3 Succide 6 Could not building, etc. (Specify)					street, fact	set, factory, office 28f. LOCATION (Street and Number or Rural Plants Number City or Town, State)						Plaute Alumber
THE PER	29a CENTIER (Check only one) 2 MEDICAL MANINER: On the basis of examination and/or freestigated, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
1	290. SIGNAPURE AND TIDES OF CENTIFIER TO DATE SIGNED (MOST) Date (Most)												
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 37) (Now Print)													
	31. DATE FILED (MONT), Day.	754	32. REGISTRY	AR'S SIGNATI	Mandell	_						/	
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"		21			ICATE	- 01	DEATH		REG. NO		Τ.	
	1. DECEDENT'S NAME (First, Middle, Last	_						MONTI			YEAR 3.	TIME OF DEA
H	Francis De	esales Is.sex		uckle					ch 15,			4:40
- 1		1 M 2 F	6. AGE (In yrs.) 81		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH n, Day, Year)		Country)	ACE (Stete or Fi
	705-12-6748		01	YRS.					. 21,	1913		
~	8a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN O	OR LOCATION OF D	DEATH		9c. COUNT	Y OF DEAT	TH
CTOR	Bayside Nursing	Home			Lex	king	ton Park			St.	Mary	r's
ш	10a. STATE 10b. COUN			10c. CIT	TY, TOWN C	R LOCAT	ION				10	d. INSIDE CITY
DIR	Maryland	St. Mary	c	N	/ocha	nice	ville				1	LIMITS?
100	10e. STREET AND NUMBER	St. Mary	3	1 1	ecia	7	ZIP CODE			10g. CITIZE		T COUNTRY?
ERAL	5190 Waldorf-Leo	nardtown	Road				20659				.S.A	
FUN	11. MARITAL STATUS		NT EVER IN U.S.				ENDENT OF HISPA			s or No— 1	4. RACE —	American Indi
	1 Never Married 2 Married		1 YES 2 WAR OR DATES	NO			2 NO Speci		Rican, etc.)			White
BÁ	3 Midowed 4 Divorced						F: 71					MITTE
	15. DECEDENT'S ED (Specify only highest grad	DUCATION de completed)		DECEDENT'S	work done			16b	KIND OF BU	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	He. Do NOT u			4-17					
COMPL	7th Grade			Rout	e Sa	Tesm		_	Bakery		any	
- 11	17. FATHER'S NAME (First, Middle, Last)	anhar	D				16. MOTHER'S N				D	1-7
8	George Christ	opner	Buckler				Caroli		Este.			kler
0	19e. INFORMANT'S NAME (Type/Print)						nd Number or Rural					206
	Helen M. Quade						Leonard	_				
	29. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re	movel from State	cemetery, c	EAND DATE crematory or o	OF DISPOS other pisce)	ITION (Na	ms of	DAT	20c. LO	CATION — CI	ty or Town,	, State
ŀ	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE E	cours /	_ līrīn:	TEA We			Gardens		19# W	aldor	c, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE I	2/1	0		M 22.	atti	ngley-G	ardin	er Fu	neral	Home	. P.A.
	I / whale	* Da	dine)			Box 270					
	immediate Cause (Fine) disease or condition resulting in death)	a. Me fa	use on each ile	ne.	not anter	tha mo	da of dying, au	ch aa card	flac or reap			Approxim Interval B Onset and
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition	a. Me for DUE TO	use on each ile	EEOUENCE O	not enter	tha mo		ch aa card	flac or reap			Approxim
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DICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO C. DUE TO d	O (OR AS A CONS	SEQUENCE O	OF):	the mo	da of dying, and	Par	diac or reap	AUTOPSY RMED?	24b. W/	Approximinterval B Onset and Conset and Cons
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MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO C. DUE TO d	O (OR AS A CONS	SEQUENCE O	OF):	the mo	da of dying, aud	Part I.	24a. WAS AN PERFOI	AUTOPSY RMED?	24b. W/	Approximinterval B Onset and Conset and Cons
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are supported by the conditions of the co	b. DUE TO C. DUE TO d	O (OR AS A CONS	REQUENCE O	PER COPFICE OF PER CO	the mo	g cause given in	Part I.	24a. WAS AN PERFO!	AUTOPSY RMED?	24b. W/	Approximinterval B Onset and Conset and Cons
SICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and in the conditions of the conditions o	B. List only one case. B. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO I inpatient 2	O (OR AS A CONS	REQUENCE O	OTHER	the mo-	g cause given in	Part I.	24a. WAS AN PERFO! 1 YES :	AUTOPSY	24b. William CC OF	Approximinterval B Onset and Conset and Cons
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Setural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONS	DEOUENCE O	OTHER	26. PL	g cause given in ACE OF DEATH (C	Part I.	24a. WAS AN PERFO!	AUTOPSY	24b. William CC OF	Approximinterval B Onset and Conset and Cons
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient conditions. If the conditions is a sequence of the cause	b. DUE TO DUE	O (OR AS A CONS O (OR AS A CON	DEGUENCE O	OTHEL 4 OF JURY M	26. PL	g cause given in ACE OF DEATH (C) B S Residence URY AT FIXTY VES 2 NO	Part I. 6 Other 26d. Des	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? 2 DAIGO	24b. W/AMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approxim Interval B Onset and Market B Onset B
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending	b. DUE TO DUE	O (OR AS A CONS	DEGUENCE O	OTHEL 4 OF JURY M	26. PL	g cause given in ACE OF DEATH (C) B S Residence URY AT FIXTY VES 2 NO	Part I.	24a. WAS AN PERFO! 1 YES :	AUTOPSY RMED? 2 INJURY OCCL	24b. W/AMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approxim Interval B Onset and Market B Onset B
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are understood to be understood to b	B. List only one case. B. List only one case. B. DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO	O (OR AS A CONS O (OR AS A CON	BEQUENCE O	OTHER OTHER A DAM ME OF ME	26. PL	g cause given in ACE OF DEATH (C) B 5 Residence URY AT WES 2 NO	Part I. theck only or 6 Other 28d. DES	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? 2 INJURY OCCL	24b. William And CCC OH 1 1	Approxim Interval B Onset and Market B Onset B
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are suiting in death) LAST PART II. Other aignificant conditions in the conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CON	DOA 28b. Tin IN	OTHEL 4 DAME OF JUNEY M	26. PL	g cause given in ACE OF DEATH (C) TRK? YES 2 NO and place, end du	Part I, S Other 281. LOC City	24a. WAS AN PERFOI 1 VES :	AUTOPSY RMED? 2 DAGS INJURY OCCL	24b. Will AM CC OI 1 1 1 1 1 1 1 1 1 1	Approxim Interval B Onset an Interval B Onset
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and investigation of the condition o	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CON	DOA 28b. Tin IN	OTHEL 4 DAME OF JUNEY M	26. PL	g cause given in ACE OF DEATH (C) TRK? YES 2 NO and place, end du	Part I, S Other 281. LOC City	24a. WAS AN PERFOI 1 VES :	AUTOPSY RMED? 2 DAGS INJURY OCCL	24b. Will AM CC OI 1 1 1 1 1 1 1 1 1 1	Approxim Interval B Onset an Interval B Onset
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are suiting in death) LAST PART II. Other aignificant conditions in the conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CON	DOA 28b. Tin IN	OTHEL 4 DAME OF JUNEY M	26. PL	g cause given in ACE OF DEATH (C) B 5 Residence URY AT PKS 2 NO and place, end du eath occured at the	Part I, Denti I, Other 28d. Des	24a. WAS AN PERFOI 1 VES :	I AUTOPSY RMED? 2 INJURY OCCL	24b. William Control Route (a) and Control Route (b) and Control Route (c) and Control R	Approxim Interval B Onset an Interval B Onset
D BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death) LAST PART II. Other algnificant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Astural S Pending Investigation determined 29 Accident Accident Getermined 29 Centrifier (Check only One) 2 MEDICAL EXAMINER 29 MEDICAL EXAMINERAD TITL OF CERTIFIER	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CON	DOA 28b. Tin IN home, farm,	OTHEL	26. PL	g cause given in ACE OF DEATH (C) B 5 Residence URY AT PKS 2 NO and place, end du eath occured at the	Part I. Sheck only or Should Dest	24a. WAS AN PERFOI 1 VES :	I AUTOPSY RMED? 2 INJURY OCCL	24b. William Control Route (a) and Control Route (b) and Control Route (c) and Control R	Approximinterval B Onset and Canal C
D BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition reaulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the conditions of th	a. DUE TO b. DUE TO c. DUE TO d	D (OR AS A CONS D (OR AS A CON	DOA 28b. Time investigation in	OTHEL OTHEL OTHEL A DIME ME OF JURY M street, fact red at the telon, in my of	26. PL	g cause given in ACE OF DEATH (C) B 5 Residence URY AT PKS 2 NO and place, end du eath occured at the	Part I, Denti I, Other 28d. Des	24a. WAS AN PERFOI 1 VES :	I AUTOPSY RMED? 2 INJURY OCCL	24b. William Control Route (a) and Control Route (b) and Control Route (c) and Control R	Approximinterval B Onset and Canal C
TO BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death) LAST PART II. Other algnificant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Astural S Pending Investigation determined 29 Accident Accident Getermined 29 Centrifier (Check only One) 2 MEDICAL EXAMINER 29 MEDICAL EXAMINERAD TITL OF CERTIFIER	a. DUE TO b. DUE TO c. DUE TO d HOSPITAL: 1 Inpatient 2 280 DATE O (Month). 280 PLACE building VHO COMPLETED CAI). Lid	O (OR AS A CONS O (OR AS A CON	BEOUENCE O BEOUENCE O BEQUENCE O REQUENCE	OTHER OTHER OTHER A DIME ME OF JURY M street, fact fact on, in my of	26. PL	g cause given in ACE OF DEATH (C) B 5 Residence URY AT PKS 2 NO and place, end du eath occured at the	Part I, Denti I, Other 28d. Des	24a. WAS AN PERFOI 1 VES :	I AUTOPSY RMED? 2 INJURY OCCL	24b. William Control Route (a) and Control Route (b) and Control Route (c) and Control R	Approximinterval B Onset and Canal C



DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	sician.
TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, be filled within 72 hours after death with the State Debt, of Health and Mental Hydiele prior to burial, cremation, or removal.	al-transit
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL	HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Les Elmer	James		Brown		MONTH	OF DEATH	1994	3. TIME OF DEATH 2:55 P
4. SOCIAL SECURITY NUMBER 216-12-4668		AGE (In yrs. lest birthday) 89 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (DE BIRTH Day, Year) 24,]	8.	BIRTHPLACE (State or Foreign Country) Maryland
90. FACILITY NAME (If not institution, give Bayside Nursing	Center			ton Park	EATH		9c. COUNTY	
nesidence of decedent 100. STATE 10b. COUNTY Maryland S		10c. CIT	Y, TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 ☐ YES 2 💆 ND
100. STREET AND NUMBER Clarkes Landing		UEL-P		20636				S.A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never Merried 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 ND	If yes, spe	ENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specif	sn, Puerto R		or No 14	. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S Et (Specify only highest gra	DUCATION add completed) College (1-4 or 5+)	(Give kind of w			16b.	KIND OF BUS		
4th Grade 17. FATHER'S NAME (First, Middle, Last)		Wat	erman	18. MOTNER'S NA	ME (First M		afood	
James	Brown			Bertie	der it noti	NOON, MENDEL.		tton
19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street e					
Charles S. Brown	1		Box 441		-		-	
20e, METHOD OF DISPOSITION 125 Burlet 2 Cremation 3 Re 4 Donation 5 Other (Specify)		cemetery, crematory or of St. Johns	of disposition (Na ther place) Cemeter		19/94			or Town, State Maryland
21. SIGNATURE OF FUNERAL SERVICE	Jards	ne.	Matti	ngley-Ga	rdine	er Fun	eral H	Home, P.A.
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO (OR	A A A CONSEQUENCE OF	F):	the se	mit	e can	def	Interval Between Onset and Deat
thet initiated events resulting in death) LAST	d							
PART II. Other algorificant condition	one contributing to dea	ith but not resulting (n the underlying	j cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)				
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER		4 Nursing Hom	e 5 🗆 Residence	1	(Specify) CRIBE NOW IF	HIBY OCCUR	250
1 Netural 8 Pending 2 Accident Investigation	(Month, Day, Y	fear) INJ	URY WO	PRK?	200. 02.	onior ito	DUNI GCCC.	NEO .
3 Suicide 8 Could not b	28e. PLACE OF IN building, atc.	JURY — At home, ferm, a (Specify)	street, fectory, office			ATION (Street a or Town, State)	nd Number or	Rural Route Number,
	YSICIAN: To the best of my							euse(e) and manner as stated.
290. SIGNATURE AND TITLE OF CENTIE	JAN A			29c. LICENSE NU	MBER		29d. DATE S	IGNED (Month, Day, Year)
				1199	17		▶ 3/	17/94
James C. Boyd,	M.D. / I	Leonardtown		AND 206	50			
31. DATE FILED (Month, Day, Mair) MAR 1 7 94	32. REGISTRAR'S	SIGNATURE SON-Handall						



	-	B		ľ
BAL IIMURE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-trans val.	if examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 88/80,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEOENT'S NAME (First, Middle, Lest)	-	2. DATE OF DEATH MONTH DAY
TOTAL DODDEDO	DATI EV CD	MADOIT 10 1

	1. DECEOENT'S NAME (First,	Middle, Last)						DEA		2. DATE OF DEATH			3. TIME OF DEATH
3	JOHN ROBE		7	LEY, SR						MARCH 10,	1994		01:30 Am
	4. SOCIAL SECURITY NUMBER 219-16-0457	ER	5. SEX 1 ²⁴ M 2 □ F	8. AGE (In yrs. ia	si birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	1000	Country	
	9a. FACILITY NAME (If not in	stitution, give e	treet end number)	71		96. CIT	Y. TOWN	P LOCATI	ON OF DE		1922	INTY OF OR	ryland
OB	CALVERT ME			L				FREI				VERT	
딥	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN	OB LOCA	TION					10d. INSIDE CITY
DIRECTOR	Maryland	Cha	rles			Wald							LIMITS?
A	10e. STREET AND NUMBER						10	. ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	P.O. Box 34	8						20	604		U	J.S.A	
5	11. MARITAL STATUS 1 Never Married 2 🔯	Marriad	12. WAS OECEDEN FORCES? 1	T EVER IN U.S. A	RMEO NO	13.				IC ORIGIN? (Specify Yes	or No	14. RACE Black	— American Indian, White, atc.
BY	3 Widowed 4 Divo		IF YES, GIVE V					2 📉 NO				Specif	White
윤	15. DEC (Specify onl)	EDENT'S EDUC y highest grade	CATION completed)	16e. D	ECEOENT'S Give kind of B. Do NOT u	USUAL C	OCCUPATION MICHAEL	ON at of working	na	16b. KIND OF BUS	BINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	F)	o nor u Owner	-				Tag &	Tit	le Co	ompany
MO	17. FATHER'S NAME (First, M	liddle, Last)			OWITCE	/ Opc	Tucc	_	HER'S NAI	ME (First, Middle, Meiden	_	.10 0.	anpar _j
	John	Fran	klin	Baile	ev				bert			Lo	ng
TO BE	19a. INFORMANT'S NAME (1	ype/Print)		11	b. MAILING					loute Number, City or Town			
٦	Evelyn J. B.	-							dorf	, Maryland		-	
	1 M Burlel 2 Crematic	n 3 🗆 Reme	ovel from State	cemetery, co	ematory or c	of DISPO other place.	ial	_{lme of} Garde	ens :	3/14/94 W			
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ZENGEE /	0						rdiner Fur			
	Micha	elk	Dard.	iner		F	2.0.	Box	270	Leonardtov	m, N	Maryl	
	23. PART (. Enter the d shock, or h	iseases, or c eart failure.	complications the List only one can	it caused the duse on each lin	eeth. Do	not ente	r the mo	de of dy	ing, suci	n as cardiac or reapi	ratory ar	rreat,	Approximate interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nel	12-	-	· ·					<			Onset and Death
ŀ	resulting in death)	→	a. US	MACA CONS	LOY	7 /	me	um	on	a			
z			Ba	clesa	en	ua							
6	Sequentially list condit if any, leeding to imme	diate	DUE TO	(OR AS A CONSE	QUENCE O	n:	1	0		10			
5	cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events		c. CI	OR AS A CONSE	OUENCE O	Cly	ME	la	par	Try			
CERTIFICATION	resulting in death) LAS	T	d	VA									
	PART II. Other algolitics	ent condition	e contributing to	death but not	reaulting	In the u	nderlyln	g ceuse (given in	Part I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2										PERFOR 1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL					-						Mino		OF DEATH? 1 ☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)			
YSI	1 TYES 2/10 NO		1 Inpatient 2			4 🗆 Nu		6 5 🗆 Re	sidence	6 Other (Specify)			
	/	Pending	26e. DATE Of (Month, L		26b. TIR	JURY M	W	URY AT PRK? YES 2	NO NO	28d. DEŞCRIBE HOW I	NJURY OC	CURED	
D BY	2 Devlates	Could not be	28e. PLACE (F INJURY — At h	ome, farm,	street, fac	tory, offic	•		281, LOCATION (Street a City or Town, State)	and Numbe	or Rural A	oute Number,
E		determined				- /				City of rown, State)			
COMPLETE	onel									to the cause(e) end mar time, date and place, en			and manner se stated.
	29b. SIGNATURE AND TITLE								ENSE NUN				(Month, Day, Year)
) BE	10	re	an					D3	375	88	>	3-10	1-9K
임	30. NAME AND ADDRESS OF RAFIK			,									
	31. DATE FILED (Month, Day,		ASR, M.D.		135 T	v. da	ares	Bead	ch RI	Prince 1	reede	erick	, _{MD} 20678
	3/16 MA		4 Lu	lia Davidso	n-Rhy	LARCE Y		00					
			1		-			Commence					

BALTIMORE, MARYLAND 21215-0

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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT OF	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN
	Charles Christian	Bishop					1994	0200 M
			'in yrs. lest birthday			7. DATE OF BIRTN (Month, Day, Year)		INPLACE (State or Foreign
	-10 -0 0 100	XX ^{M 2} □ F 80	YRS.	MONTHS DAYS		May 6, 19	13 Pen	nsylvania
DIRECTOR	9a. FACILITY NAME (If not institution, give street 107 Cedar Street (or Location of D	EATN	9c. COUNTY OF Ken	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LOC	ATION			10d, INSIDE CITY
	Maryland Ken 104. STREET AND NUMBER	t	Ch	estertov				1- YES 2 NO
FUNERAL	107 Cedar Street				21620		U.S.A.	WHAT COUNTRY?
BY FUN	1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR DR DA	2 XXXD	If yes,	ECENDENT OF NISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	Bie	CE — American Indian, ck, White, atc.
	3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT	TION	18a. DECEDENT	'S USUAL OCCUPA				hite
COMPLETED		College (1-4 or 8+)	(Give kind o	f work done during a use retired.)				
MP	12 17. FATHER'S NAME (First, Middle, Last)	4	Teach	er		Educa		
BE CO	Harrison Allen Bis	hop			Paul:	ine Schell	nammer	
5	Grace L. Bishop		196. MAILIN 107 C	edar Str	eet, Ches	Route Number, City or Townstertown, 1	n, State, Zip Code) Maryland	21620
	20s_METNOD OF DISPOSITION 12.75urlal 2 □ Cremation 3 □ Remova 4 □ Donation 5 □ Other (Specify)	ol from State CD	PLACE AND DAT etery, crematory of	EOF DISPOSITION (Other place)	ery 03-04		cation - city or t	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		.01			CILITY LLS Funera		yiun
	William L.		11:	Ches	tertown.	Maryland		
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lie	nplications that raused	the death. Do	not enter the n	ode of dying, suc	ch as cardiac or resp	iratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition		V	0 1				Onset and Death
	resulting in death)	DUE TO (DR AS A	CONSEQUENCE	of):	sease			1 year
NO	Sequentially list conditions, b	DUE TO (OR AS A	CONSEQUENCE	OE).				
CAT	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	202 10 (011 20 2	CONSCIONA	OF).				
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE	OF):				
CER	d							
CAL	PART II. Other aignificent conditions of	heart	ut not reaulting	in the underlyi	ng ceuse given in	Part 1. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	congestive	near	te, 191	٥,		1 YES 2	□ ND	OF DEATH?
N.						_		1 YES 2 NO
ICIA		IOSPITAL:		OTHER:	PLACE DF OEATH (Ch			
HYS	1 Tes 2 Tho 1	28a. DATE DF INJURY	28b. Ti	ME OF 28c. II	me 5 Residence	8 Other (Specify) 28d. DESCRIBE NOW I	NAMES OCCURED	
B	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	YES 2 ND	Wedness:		
ETED	3 Suicide 8 Could not be detarmined	28s. PLACE DF INJURY building, stc. (Speci	— At nome, term	, street, tactory, on	ica .	28t, LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (N: To the best of my knowled On the basis of examination	edge, death occur and/or investigat	rred at the time, da	is and place, and due death occured at the	to line cause(a) and mar time, data and placa, an	nner as stated,	a) and manner as stated.
BE C	296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		29d. DATE SIGNE	D (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF OE	ATH (ITEM 27) (Typ	e, Print)	1113	3514	3-	2-94
	Medical Buildin	g, Chestert	own, Ma	ryland	21620			
	31. DAMAREO (Month, pg. (par)	#2. AEGISTRAR'S SIGNA	- Mandelle					

1		STATE REGISTRA
	1. Di	ECEDENT'S

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	F DEATH D	AY	YEAR	3. TIME OF DEATH
Clara Joiner	Burges	S				Mar	4.	199		6:40
4. SOCIAL SECURITY NUMBER 215-20-0126	5. SEX	6. AGE (In yrs. lest to		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan.	Day, Year)	912	Count	HPLACE (Stelle or Form
De. FACILITY NAME (If not institution, give	street and number)	UZ		9b. CITY, TOWN	OR LOCATION OF		31,1		NTY OF D	-
6527 Rock Hall	· ·			Rock					ent	
10a. STATE 10b. COUNT	Υ		10c. CITY,	, TOWN OR LOC	ATION					10d. INSIDE CITY
Maryland Ken	t		Ro	ock Ha	11					LIMITS?
10e. STREET AND NUMBER				1	Of. ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?
6542 Rock Hall	l Road				21661			U.	S.A	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Myldowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMI	ED)	If yes, s	CENDENT OF HISP pecify Cuban, Mexi S 2 NO Spec	can, Puerto Ric		or No—	14. RACI Blac Spec	E — American Indian k, White, etc.
15. DECEDENT'S EDU	CATION	16a. DECE	EDENT'S L	USUAL OCCUPAT	ION	16b. K	IND OF BUS	BINESS/INC	DUSTRY	hite
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Give	Do NOT use	ork done during n retired.)	nost of working	I	liah	Sch	001	& Midd
12	2	Ma	nage	er of	Caferte	eria	Scl	hool	.001	a Midd
7. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N			-10		
David W. Join	er				Eliza	abeth	Min	ner		
19a. INFORMANT'S NAME (Type/Print)					and Number or Rura					
Michael Joine	r						_			Md. 216
20e. METHOD OF DISPOSITION Topography 2 Greenation 3 Green	noval from State	20b. PLACE AN cemetery, cremi		F DISPOSITION (A		DATE 7		CATION —	City or To	own, State
□ Donation 6 □ Other (Specify)					Comoto	ry	P	ock_	Hal	1 Md.
A CIONATURE OF PINISPAN DENVIOL I			-1							
11. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /		-1		AND ADDRESS OF		- uno	n n 1	IIom	
23. PART I. Entar the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cau	de t coused the deat	th. Do no	Tom 106 ot anter the m	Helfenk Shamro	oein E ck Rd.	c or reap	ral hest instory and	reat,	es, P.A Md. 21 Approximatinterval Bet Onset and
23. PART I. Entar the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	a	t coused the deat ise on each line.	UENCE OF	Tom 106 ot anter the m	Helfenk Shamroc ode of dying, su	oein E ck Rd.	c or reap	iratory ari	reat,	es, P.A Md. 21 Approximat Interval Bet Onset and
23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificant conditions.	a	t coused the deat see on each line. S + 2 a e (DR AS A CONSEDU (DR AS A CONSEDU (DR AS A CONSEDU death but not rea	JENCE OF	Tom 106 ot anter the m	Helfenh Shamrocode of dying, su	pein I ck Rd.	c or reap	entory and	reat,	es, P.A. Md. 21 Approximation interval Bet Onset and Sease 1.2.
23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a	t coused the deat see on each line. S + 0 0 0 (DR AS A CONSEDU (DR AS A CONSEDU	JENCE OF	Tom 106 ot anter the m	Helfenh Shamrocode of dying, su	pein I ck Rd.	palm	AUTOPSY IMED?	reat,	es, P.A. Md. 21 Approximation interval Better onset and SP 4 Se / 2 /
23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition presulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. End DUE TO b. DUE TO c. DUE TO d	t coused the deat see on each line. S + 2 a e (DR AS A CONSEDU (DR AS A CONSEDU (DR AS A CONSEDU death but not rea	JENCE OF	Tom 106 ot anter the m	Helfenh Shamrocode of dying, su	pein F ck Rd.	de or reapi	AUTOPSY IMED?	reat,	es, P.A. Md. 21 Approximate interval Bet Onset and SE Q S E / 2 WERE AUTOPSY FIN AMALABLE PRIOR TI COMPLETION OF CA OF DEATH?
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23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 2. S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2. SATO 17. MANNER OF DEATH 1. Millural 5. Pending Investigation 3. Suicide 6. Could not be determined 19. CERTIFIER (Check only)	a. DUE TO b. DUE TO c. DUE TO d	t ceused the deat see on each line. S + Q q e (DR AS A CONSEDU (JENCE OF JEN	Tom 106 ot anter the m 106 ot anter the m 201 conic C 1: 1: 28.1 OTHER: 4 Nursing No Gof P 28.1 MRY M 1 Irreet, factory, offi	The light of the l	n Part I. 2 Check only one) 8 Other (3) 28f. LOCAT. City or	4a. WAS AN PERFOR	AUTOPSY MED? NJURY OC and Number and estated due to the	CURED or Rural in the cause(in E SIGNED	Approximate interval Bet Onset and Interval Bet Onset Interval Bet Interval
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal. cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burgal-tradist be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR

_	nedistrian			LATIN	ICALE	OF D	EAIN	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		YEAR 3.	TIME OF DEATN
	Margaret Elizab	eth Brown	1					March	g é	1994	2:10 n M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER 1 YE	-	F UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	NCE (State or Foreign
	213-01-2036	1 □ M ¾ XF	74	YRS.	MONTHS DA	AYS H	OURS MIN.	March 1).19	Country)	MD
	9e. FACILITY NAME (If not institution, give s	reet and number)			96. CITY, TO	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
۳	Kent and Queen	Anne's Ho	spital		Ches	Chestertown MD			Kent		
5	RESIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN OR L					10	d. INSIDE CITY LIMITS?
	Maryland	Kent		C	heste	nestertown			1 YES 2		
AL	10e. STREET AND NUMBER					10f. Zi	P CODE		10g. CITIZEN OF WHAT COUN		
FUNERAL	24420 Chest	ertown	Road			21620 U.S.A				•	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	RMED	13. WAS	DECEM	DENT OF NISPANI	C ORIGIN? (Specify Yes	or No-	14. RACE —	American Indian, hite, atc.
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W		J.40	1 🗆						White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		1000	(Give kind of a	USUAL OCCU	PATION ng most o	f working	166, KIND OF BU	LESSING	Ttura	1 Resear
ا و	Elementary/Secondary (0-12)	College (1-4 or 5 +) A	ife. Do NOT us	se retired.)		4300				
MP		U	В	OOKK	eeper	eper/Office Mgr. Truslow Farms					rms Inc
8	17. FATHER'S NAME (First, Middle, Last)	T				16	Selling Trees, and	NE (First, Middle, Maiden	,		
BE	William Wall	ace Br	own					e Arden			
2	19a, INFORMANT'S NAME (Type/Print)	Den						oute Number, City or Tow			
	Winfield W.	Brown		931	o Cr	eek	Lane	, Cheste	rto	wn, MD	21620
	20a, METNOD-OF-PISPOSITION 1 Duriel 20 Cremation 3 Reme	oval from Stata	20b. PLAC	EAND DATE	OF DISPOSITIO	N (Name	of	1 .		City or Town,	State
	4 Donation 6 Other (Specify)		Cap	itol	ther piccel			3/12/9Dc	ver		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ADDRESS OF FAC				21620
	1 / V/arvin 1/.	Wille	_4			rvi		Williams	Fur	neral	Service
	23. PART I. Enter the diseases, or o	omplications that	caused the	death. Do r	not entar tha	est mode					Approximate
	shock, or heart fallura.	List only one cau	se on each li	na.						,	Interval Between
	disease or condition resulting in death)										Onset and Death
Н	resulting in death) 8. Manures ell Occurrence 158 pt yell at 9 years										1,500
_	disease or condition resulting in death) 8. Sequentially list conditions b. W. Helpes in who temprol lote b. W. Helpes in who temprol lote										
0	Sequentially list conditions,	b. DUE TO	OR AS A CONS	EQUENCE O	F):	on	NO TONG	8200 108	-		
AT	If any, leading to immediata Cause. Enter UNDERLYING										j
윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
		J									
	PART II. Other significant condition	s contributing to	death but not	rasulting	In the under	rlying c	ause givan in f	Part I. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
EDICAL	(K) UV H							1 YES 2		co	MPLETION OF CAUSE DEATH?
ME											YES 200 NO
								_			-
¥	25. WAS CASE REFERRED TO MEDICAL				12	26. PLACI	E OF DEATH (Che	ck only one)		1	
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	Nome !	5 Reeldence	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF 280	c. INJURY	TA Y	28d. DESCRIBE HOW I	NJURY OC	CURED	
	Natural 5 Pending	(Month, Di	sy, Year)	INJ	M 1	WORK!	? 2 🗌 NO				
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At I	home, farm,				281. LOCATION (Street	and Number	r or Rumi Rout	n Number,
밀	4 Homicide determined	bullding,	etc. (Specify)					City or Town, State)			
COMPLET	29e. CERTIFIER	CIAN: To the heat of	mu knowite de	disab	-4 -4 -4	4.	an chare		o Torre Gille		
MP	(Check only one) 2 MEDICAL EXAMINE							to the cause(e) end mai			u receptore de la constante de
8				variyatic	, my opini				u oua to th	re cause(e) en	u menner as stated,
BE	296. SIGNATURE AND TITLE OF CENTURIES	B HO				25	C. LICENSE NUM	BER	29d. DAT	E SIGNED (NO	onth, Day, Year)
2	and ph						N.10 =	56		2/8/	17
	30, NAME AND ADDRESS OF PERSON WH		SE OF DEATN (IT	TEM 27) (Type,	Print)	/	1 1	001	/	10.1	21620
	7-7-7	055, 115	ν 5	16	Wash:	29 12	on HTC	(histn	42000	, rud	41600
	31. DATE FILED (Month, Day, Year)		Artia Dav	:1. 5	2 / 00						
	MAR 10'9	14]	I ma wai	19201-1	junache						

1	-	STATE REGISTR	Α
,	1. 0	ECEDENT'S	N

EGISTRAR			CENTIFI	CALE	IF DEATH	R	EG. NO.		
EDENT'S NAME (First, Middle	e, Lest)				-	2. DATE OF I	DEATH	3	TIME OF DEATH
rearet Augus	sta Burri	S							0745 M
IAL SECURITY NUMBER	5. SEX	8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF E	WATH		ACE (State or Foreign
0 01 3125	1 [] M 2 [XF 8	7 YRS.	MONTHS DAY	YS HOURS MIN.			Country)	
	n, ohe street and numb								
				0					
LSICA HIIIS	Nursing .	nome		Centreville Queen Annes					
			10c. CITY	TOWN OR LC	CATION			1	Od. INSIDE CITY
ryland K	ont								LIMITS?
	EIIC			TTTING					YES 2 NO
	- 11						10g. CI	TIZEN OF WH	AT COUNTRY?
All the state of t	12. WAS OEG	CEDENT EVER I	N U.S. ARMED	13. WAS I	DECENDENT OF HISPAI specify Cuben, Mexica	NIC ORIGIN? (Sp. Puerto Rican	pecify Yee or No-	14. RACE - Black, V	- American Indian, White, etc.
							,,	Specify:	
							Whi	te	
			(Give kind of w	JSUAL OCCUP ork done during	ATION most of working	16b. KIN	D OF BUSINESS/I	NDUSTRY	
mentary/Secondary (0-12)	College (1-6	or 5+)							
12			Homemake	r		I	Domestic		
	.esi)				18. MOTHER'S NA	ME (First, Middle	s, Maiden Surname)		
wis Holden					Bes	sie Con	neovs		
FORMANT'S NAME (Type/Prin	nt)		19b. MAILING	ADDRESS (Stre				(io Code)	
lon Wallaco									Jary land 21
		201							
uriel 2 Cremetion 3		ite cen	netery, crematory or oth	rer place)	I (Name or	DATE			
			sbury Ger	netery	- 02-20-9	94	MILLIN	gton,	maryland
NATURE OF PUNERAL SERV	IICE LICENSEE		PN				- D A		
William L.	King V	BU	11/	M:11	ows runera	ar nome	s, P. A	•	
ART i. Enter the disease	es, or complication	a that cause	d the death. Do no	ot enter the	mode of dving, suc	ary Lanc	or mentratory a	rmet	1 Assessimate
anock, or haart ta	aliure. List only on	e cause on e	ach-lige.		mode of dying, sac	il an coldina	or reappraiory a	Twot,	Approximata Intarvai Between
DIATE CAUSE (Final	1								Onset and Daath
ing In death)	a. C	andre	- julius	ny	Ann	est.			4 hours
	O	JE TO (OR AS A	A CONSEQUENCE OF):					
natially list conditions	6 b								
laading to immediate	DU	JE TO (OR AS	A CONSEQUENCE OF):					
	c								
nitiated events	DI	JE TO (OR AS	A CONSEQUENCE OF	į:					
ing in death) LAST	d								
II. Other algnificant con	nditiona contributio	ng to death b	out not reaulting in	the underly		and the same of	WAS AN AUTOPS)		ERE AUTOPSY FINDINGS
II. Other algorificant con HO ABIM	nditiona contributi	ng to deeth b	he Ares	the underly	ying cause given in	Ti	PERFORMED?	A C	MILABLE PRIOR TO OMPLETION OF CAUSE
11. Other algoriticant con HO ABOR Carely Ve	nditiona contribution	ng to deeth to	he Ares	the underly		Ti		Ci Oi	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
II. Other algorificant con 140 ABM Carely Va Charles	or cular	Advi	he free	the underly		Ti	PERFORMED?	Ci Oi	MILABLE PRIOR TO OMPLETION OF CAUSE
Coulova Clistelit	orming or onlar thank	Avil	he Ares	hy .	Cachex Caliles	Tie 10	PERFORMED?	Ci Oi	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Carelia Va Carelia Va Carella To Case REFERRED TO MEDI- MAINER?	than HOSPITA	Ave (he Hues	OTHER:	Lache X. Calilo	eck only one)	PERFORMED? YES 2 NO	Ci Oi	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Carelio Va Carelio Va Case reference to medi- Aminer?	than	Ave (pertent 3 DOA	26 OTHER: 4 Nursing H	Acher Calila Calila J. PLACE OF DEATH (Ch.	eck only one)	PERFORMED? YES 2 NO	Ci Oi	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Cally Vo Cally Vo Case referred to mediaminer? Yes 2 700 INER OF DEATH	than	Ave (he Hues	26 OTHER: 4 Nursing H	Lache X. Calilo	ock only one) 6 Other (Spi	PERFORMED? YES 2 NO	CC OV	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Carelio Va Carelio Va Case reference to medi- Aminer?	than HOSPITA 1 Inpeten	Ave (L: Ave 2 = ER/Outp	pettern 3 DOA	26 OTHER: 4 Nursing H	Acute Acute Acute Acute B. PLACE OF DEATH (Chi-	ock only one) 6 Other (Spi	PERFORMED? YES 2 NO	CC OV	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Carelia Va	Crace Control	AVI Tue AVI (L: EP/Out TE OF INJURY ACE OF INJURY	petient 3 DOA 28b. Time INJU	26. OTHER: 4 Nursing H OF JRY M 1 [Alula Application B. PLACE OF DEATH (Children 5 Residence MJURY AT WORK? YES 2 NO	eck only one) 8 Other (Spi 28d. DESCRIB	PERFORMED? YES 2 NO socity) HE HOW INJURY OF	CCURED	MILABLE PRIOR TO MIPLETION OF CAUSE F DEATH? YES 2 NO
Cacelo Vo Cacelo	Crace Control	AVI L: AVI (L: M 2 = ER/Outs ATE OF INJURY Orth, Day, Year)	petient 3 DOA 28b. Time INJU	26. OTHER: 4 Nursing H OF JRY M 1 [Alula Application B. PLACE OF DEATH (Children 5 Residence MJURY AT WORK? YES 2 NO	eck only one) 6 Other (Spi 28d. DESCRIB	PERFORMED? YES 2 NO socity) HE HOW INJURY OF	CCURED	MILABLE PRIOR TO MAPLETION OF CAUSE F DEATH? YES 2 NO
Cacelor Vo	Crocker Thaz, HCAL HOSPITA 1 Inpetten 28e. DA Mg getton not be lined	AVI Tus AVI L: 12 = ER/Out 1/15 OF INJURY 2 orth, Day, Year) ACE OF INJURY Hidding, etc. (Special	petient 3 DOA 28b. Time INJU	28. OTHER: 4 Nursing H OF 28c. IRIY M 1 [Irrest, tactory, o	Acute Caches Calcles D. PLACE OF DEATH (Ch. Home 5 Residence INJURY AT WORK? VES 2 NO	eck only one) 8 Other (Spi 28d. DESCRIB 28t. LOCATION City or Toe	PERFORMED? YES 2 NO acity) HE HOW INJURY OF North Control of Number 1 (Street and Number 1) Nr (Street and Number 1)	CCURED CCURED	MILABLE PRIOR TO MAPLETION OF CAUSE F DEATH? YES 2 NO
Cacelor V Cacelor Investigation of Cacelo	Thaz, ICAL HOSPITA 1 Inpation 1 Get PL 1 PHYSICIAN: To the b	AVI L: 1 2 ER/Outs 1/2 OF INJURY 2 Indiana, etc. (Special of my know	petient 3 DOA 28b. Time INJU	28. OTHER: 4 Nursing H OF 28c. RPY M 1 [Irrest, factory, o	Alula Denote of Death (Ch. Home 5 Residence INJURY AT WORK? YES 2 NO Office	eck only one) 6 Other (Spi 28d. DESCRIB 28t. LOCATION City or Toe	PERFORMED? YES 2 NO Pecify) HE HOW INJURY OF No. (Street and Numburn, State)	CCURED CCURED are or Rural Rou	MALABLE PRIOR TO MALABLE PRIOR TO F CAUSE F DEATH? YES 2 NO
Cacelor V Cacelor Investigation of Cacelo	Thaz, ICAL HOSPITA 1 Inpation 1 Get PL 1 PHYSICIAN: To the b	AVI L: 2 ER/Outs XTE OF INJURY Orth, Day, Year) ACE OF INJURY	petient 3 DOA 28b. Time INJU	28. OTHER: 4 Nursing H OF 28c. RPY M 1 [Irrest, factory, o	Acute Caches Calcles D. PLACE OF DEATH (Ch. Home 5 Residence INJURY AT WORK? VES 2 NO	eck only one) 6 Other (Spi 28d. DESCRIB 28t. LOCATION City or Toe	PERFORMED? YES 2 NO Pecify) HE HOW INJURY OF No. (Street and Numburn, State)	CCURED CCURED are or Rural Rou	MALABLE PRIOR TO MALABLE PRIOR TO F CAUSE F DEATH? YES 2 NO
Cacelor V Cacelor Investigation of Cacelo	HCAL HOSPITA HOSPITA 1 Inpetien 28e. DA (Mc getton not be lined 28e. PL but 1 1 1 1 1 1 1 1 1	AVI L: 2 ER/Outs XTE OF INJURY Orth, Day, Year) ACE OF INJURY	petient 3 DOA 28b. Time INJU	28. OTHER: 4 Nursing H OF 28c. RPY M 1 [Irrest, factory, o	Alula Denote of Death (Ch. Home 5 Residence INJURY AT WORK? YES 2 NO Office	eck only one) 8 Other (Spa 28d. DESCRIB 28t. LOCATION City or You to the cause(e) time, date end	PERFORMED? YES 2 NO socity) HE HOW INJURY Or N (Street and Numbown, State) and manner as st place, and due to	CCURED CCURED arted. the ceuse(e) a	MALABLE PRIOR TO TO TO THE PRIOR TO TO THE PRI
Cauliu Va Clublut Cauliu Va Clublut Cauliu Va Clublut Cauliu Va Cauliu C	HCAL HOSPITA HOSPITA 1 Inpetien 28e. DA (Mc getton not be lined 28e. PL but 1 1 1 1 1 1 1 1 1	AVI L: 2 ER/Outs XTE OF INJURY Orth, Day, Year) ACE OF INJURY	petient 3 DOA 28b. Time INJU	28. OTHER: 4 Nursing H OF 28c. RPY M 1 [Irrest, factory, o	APLACE OF DEATH (Chome 5 Residence INJURY AT WORK? YES 2 NO office with the course of the cour	eck only one) 8 Other (Spa 28d. DESCRIB 28t. LOCATION City or You to the cause(e) time, date end	PERFORMED? YES 2 NO socity) HE HOW INJURY Or N (Street and Numbown, State) and manner as st place, and due to	CCURED CCURED arted. the ceuse(e) a	MALABLE PRIOR TO MALABLE PRIOR TO PORTH? YES 2 NO to Number,
Cauliu Va Clublut Cauliu Va Clublut Cauliu Va Clublut Cauliu Va Cauliu C	THE CONTROL OF THE BEST OF THE	AVI Tue AVI L: 12 = ER/Outp TE OF INJURY Onth, Day, Year) ACE OF INJURY Hidling, etc. (Special of examinetic of examinet	petient 3 DOA 28b. Time INJU Y.— At home, term, st city) riedge, death occurred on end/or investigation	28C. OF Jack 1 1 Correct, tactory, of det the time, d., in my opinion	APLACE OF DEATH (Chome 5 Residence INJURY AT WORK? YES 2 NO office with the course of the cour	eck only one) 8 Other (Spa 28d. DESCRIB 28t. LOCATION City or You to the cause(e) time, date end	PERFORMED? YES 2 NO socity) HE HOW INJURY Or N (Street and Numbown, State) and manner as st place, and due to	CCURED CCURED arted. the ceuse(e) a	MALABLE PRIOR TO MALABLE PRIOR TO PORTH? YES 2 NO to Number,
Caulie V C Clubility S CASE REFERRED TO MEDHAMINER? YES 2 70 INER OF DEATH Netural 5 Pending Investig Suicide 6 Could investig Suicide 6 Could investig 10 CERTIFYING OCK ONly 2 MEDICAL EX SPATURE AND TITLE OF CEI	THE CONTROL OF THE BEST OF THE	AVI Tue AVI L: 12 = ER/Outp TE OF INJURY Onth, Day, Year) ACE OF INJURY Hidling, etc. (Special of examinetic of examinet	petient 3 DOA 28b. Time INJU Y.— At home, term, st city) riedge, death occurred on end/or investigation	26. OTHER: 4 Nursing H OF 28c. INY M 1 (Irrest, factory, o	D. PLACE OF DEATH (Chemos 5 Residence INJURY AT WORK? VES 2 NO office	eck only one) 6 Other (Spi 28d. DESCRIB 28t. LOCATION City or Ton to the cause(e) time, date end	PERFORMED? YES 2 NO Becify) BE HOW INJURY OF No. (Street and Number, State) and manner as st place, and due to	CCURED CCURED arted. the ceuse(e) a	MALABLE PRIOR TO MALABLE PRIOR TO PORTH? YES 2 NO to Number,
Caulie V C Clubility S CASE REFERRED TO MEDHAMINER? YES 2 70 INER OF DEATH Netural 5 Pending Investig Suicide 6 Could investig Suicide 6 Could investig 10 CERTIFYING OCK ONly 2 MEDICAL EX SPATURE AND TITLE OF CEI	THATS HOSPITA 1 Inpetien 26e. DA 10 Inpetien 26e. PL 10 Inpetien 26e. PL 26e	AVI Tue AVI L: 12 = ER/Outp TE OF INJURY Onth, Day, Year) ACE OF INJURY Hidling, etc. (Special of examinetic of examinet	petient 3 DOA 28b. TIME INJUITY — At home, term, st city) Viedge, death occurred on end/or investigation EATH (ITEM 27) (Type, Item)	26. OTHER: 4 Nursing H OF 28c. INY M 1 (Irrest, factory, o	Acute CACLEX ALUE B. PLACE OF DEATH (Ch. Home 5 Residence INJURY AT WORK? YES 2 NO Office Determine the course of t	eck only one) 6 Other (Spi 28d. DESCRIB 28t. LOCATION City or Ton to the cause(e) time, date end	PERFORMED? YES 2 NO socity) HE HOW INJURY Or N (Street and Numbown, State) and manner as st place, and due to	CCURED CCURED arted. the ceuse(e) a	MALABLE PRIOR TO MALABLE PRIOR TO PORTH? YES 2 NO to Number,
THE COLUMN THE PROPERTY OF THE	TRAIL SECURITY NUMBER O 01 3125 CHITY NAME (If not institution and instituti	Transport Augusta Rurri AL SECURITY NUMBER O 01 3125 CHITY NAME (If not institution, give street end numb CONTROLLED TO DECEDENT ATE 10b. COUNTY TYLAND TYLAL STATUS COVER Married 15. DECEDENT'S EDUCATION (Specify only highest grade completed) COMES HOUSE COMES HOUS	Transport Augusta Burris In a security number	TO O 1 3125 TALLY NAME (If not institution, give street end number) TSICA HILLS NUTSING HOME TO O COUNTY TYLAND TO COUNTY TO COUNTY TO COUNTY TO COUNTY TYLAND TO COUNTY TO COUNTY TO COUNTY TYLAND TO COUNTY TO CO	TO O1 3125 TO M 2 XF RETTY NAME (If not institution, give street and number) TO O1 3125 TO O1 3125 TO O1 3125 TO M 2 XF RETTY NAME (If not institution, give street and number) TO O1 3125 TO O1 M 2 XF RETTY NAME (If not institution, give street and number) TO O1 3125 TO O1 M 2 XF TO O1 3125 TO O1 M 2 XF RETTY NAME (If not institution, give street and number) TO O1 3125 TO O1 M 2 XF TO O1 3125 TO O1 M 2 XF TO O1 M 2 XF	TO 1 3125 AL SECURITY NUMBER S. SEX S. AGE (In yrs. Inst Dirthday) F UNDER 1 YEAR F UNDER 24 NRS.	2. DATE OF	PERTY'S NAME (First, Middia, Last) Tegret Augusta Burris 1. May 2 Set 8. AGE (in yrs. last birriday) 1. May 2 Set 8. AGE (in yrs. last birriday) 1. May 2 Set 8. AGE (in yrs. last birriday) 1. May 2 Set 8. AGE (in yrs. last birriday) 1. May 2 Set 8. AGE (in yrs. last birriday) 1. May 2 Set 8. AGE (in yrs. last birriday) 1. May 2 Set 8. AGE (in yrs. last birriday) 1. May 2 Set 8. AGE (in yrs. last birriday) 1. May 2 Set 8. AGE (in yrs. last birriday) 1. May 2 Set 8. AGE (in yrs. last birriday) 1. May 3 Mouris May. 1. May 1 Set 9 Set 9. AGE (in yrs. last birriday) 1. May 1 Set 9 Set 9. AGE (in yrs. last birriday) 1. May 1 Set 9 Set 9. AGE (in yrs. last birriday) 1. May 1 Set 9 Set 9. AGE (in yrs. last birriday) 1. May 1 Set 9 Set 9. AGE (in yrs. last birriday) 1. May 1 Set 9 Set	DENT'S NAME (First, Middle, Last) TO OT 3125 1



Sugar Suff

SHIP

1	FOR STATE REGISTRAR
4	DECEDENT'S NAME

REGISTRAR		CE	RTIF	CATE	OF	DEATH		REG. NO).			
1. DECEDENT'S NAME (First, Middle, Last))							OF DEATH			3. TIME OF DEATH	
Doris Marie Hanna	a Bringer						Marc	h 18.	1994	YEAR	1734 hrs	
4. SOCIAL SECURITY NUMBER	5. SEX 6	B. AGE (In yrs. lest I		IF UNDER 1		IF UNDER 24 HRS.	7. DATE C	OF BIRTH		e. BIRTI	IPLACE (State or Foreign	
179-12-8592	1 🗆 M 2 💢 🔭	70	YRS.	MONTHS	DAYS	HOURS MIN.	A119	18, 1	1923	Pen	msylvania	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	TOWN 0	R LOCATION OF D		10,		NTY OF D		
Kent & Queen Anne	es Hospita	1		Ch	est	ertown			Ke	nt		
RESIDENCE OF DECEDENT									1 100	110		
10a. STATE 10b. COUNT			10c. CITY	, TOWN OR							10d. INSIDE CITY LIMITS?	
Maryland Ke	ent			Ro	ck.	Hall,					1XXYES 2 NO	
100. STREET AND NUMBER						ZIP CODE					VHAT COUNTRY?	
10e. STREET AND NUMBER BOX 247 - Main St 11. MARITAL STATUS 1 Never Married 2 Married	treet					21661			Un	ited	States	
11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT	EVER IN U.S. ARM		13. W	AS DEC	ENDENT OF HISPA	NIC ORIGIN	(Specify Ye	s or No—	14. RACI	E — American Indian, k, White, etc.	
3 Wildowed 4 Divorced	R OR DATES		1 (YES	2 NO Speci	fy:	ican, atc.)		Spec	tty:		
	15. OECEDENT'S EDUCATION 16s. D									whi	te	
(Specify only highest grad	le completed)	(Give	EDENT'S I b kind of w Do NOT use	ork done du	ring mos	NN st of working	16b.	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		nema}					D				
17. FATHER'S NAME (First, Middle, Last)		non	lemar	cer	_				estic			
Thomas Hanna						18. MOTHER'S NA		iddle, Maiden	Surname)			
190. INFORMANT'S NAME (Type/Print)						Carrie						
Robert Thomas Spe	noor					nd Number or Rural						
Rosert Homas Spe	incer		_		_	treet, I		-				
20a. METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Ren	noval from State	20b. PLACE AN	etory or oth	FDISPOSIT her place)	ION (Na	me of	OATE	20c. LC	CATION —	City or To	wn, Stata	
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	MOCANO EF	Capito	ol Cr	remat	ory	March 2	22, 19	9914	Dove:	r, D	<u>elaware</u>	
	4	./ 4	M	/ Fe	AME AN	ws - Wel	1 c Fi	meral	Home	2		
William	L. King	Photo	/			d Rt. 20,					661	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. Smgl and arge ce cancer of the lung (metaster). b. OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d.										were autopsy finding amailable prior to	
	eart ta	ure						1 TYES	2 DAG		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (Ch	eck only one)				
1 TYES 2 NO	1 The Part of the		DOA	4 - Nursin	ng Home	5 - Residence						
27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIME INJU	OF 2	8c. INJU	RK?	28d. DESC	PIBE HOW	INJURY OC	CURED		
2 Accident Investigation				М		ES 2 NO						
	28e. PLACE OF I building, etc	INJURY — At home c. (Specify)	e, ferm, st	reet, factor	y, office		28f. LOCA City or	TION (Street Town, State)	end Number	or Rural F	loute Number,	
	SICIAN: To the best of my) and manner se stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	R /					29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
	TAND)				033.	514			- 2		
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUSE	OF OEATH (ITEM :	27) (Type, I	Print)							-	
Dr. Michael Biene			cal	Build	ling	g - Ches	terto	wn, M	aryal	nd	21620	
MAR 21'94	GUNA PAULAS	s signature on Landel	2									

i.

	FOR
1	STATE
	REGISTRAR

1 - STATE REGISTRAR	SIAIE OF MARYL			OF DEA		MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Lest)		0211111	IOAIL	O. DEA		2. DATE OF DEATH		3. TIME OF DEATH
DEBORAH L.	_	BIRDSALL				March 16,		12:25 A M
		(In yrs. last birthday)	IF UNDER 1 1	YEAR IF UNDER	R 24 HRS.	7. DATE OF BURTH	1994	8. BIRTHPLACE (State or Foreign
212-18-1280	□ M 2 SyF	78 YRS.	MONTHS E	DAYS HOURS	MIN.	(Month, Day, Year) 7-2-15		Country) MD
9e. FACILITY NAME (If not institution, give street	t and number)	70	9b. CITY. T	OWN OR LOCAT	ION OF DE		ac COLIN	ITY OF DEATH
Memorial Heapital	Moddan 1 Ond	4					Alle,	
Memorial Hospital	Medical Cen	ter	_Cumb	erland			ATTE	gally
10a. STATE 10b. COUNTY			Y, TOWN OR					10d. INSIDE CITY
MD. Alleg	jany	Ci	umber	cland				1 X YES 2 NO
10e. STREET AND NUMBER				101. ZIP COD	E		10g. CITIZ	ZEN OF WHAT COUNTRY?
427 N. Centre S	Street			21	502		τ	JSA
	2. WAS DECEDENT EVER II FORCES? 1 YES					HC ORIGIN? (Specify Yas	or No	14. RACE — American Indien, Black, White, etc.
1 X Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		YES 2 X NO		n, Puerlo Rican, atc.)		Specify:
								White
15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	16e. DECEDENT'S	vork done dur	UPATION ing most of worki	ng	16b. KIND OF BUS	INESS/IND	USTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	32,156			1	_	_
17. FATHER'S NAME (First, Middle, Lest)		Secre	etary	7		Nursi		Iome
The state of the s						ME (First, Middle, Melden	,	
Charles W. Bird	Isall					e (Wilkes		
and the second s		- 1				Poute Number, City or Town		·
William G. Kight					Cun	nberland, M		
1 To Burlet 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	I from State cerr	PLACE AND DATE Onetery, crematory or of	ther plece)		, ,			City or Town, State
21/SIGNATURE OF FUNGRAL/SERVICE LICENS	SEF)	inset Me	emori	ME AND ADDRE	rk .			berland, MD.
(V. K	1 SAH	1				NI 911 C		neral Home
Will S	1 2414	1				*		and, MD. 21502
23. PART i. Enter the diseases, Dr com ahock, Dr heart failure. List	iplications that caused	the death. Do n	not enter th	e mode of dy	ing, auc	h aa cerdlec or reapli	ratory arre	eat, Approximate Interval Between
IMMEDIATE CAUSE (Final	11				0 1	0		Onaet and Death
disease or condition resulting in death)	Probable A	tente 1	Lyo Co	andial a	Info	netnon		Minuta
	DUE TO (OR AS A	CONSEQUENCE OF	F): (1			
Sequentially list conditions, b.								
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):					
CAUSE (Disease or Injury 6.	DUE TO (OR AS A	CONSEQUENCE OF	D.					
that initiated eventa resulting in death) LAST	20E 10 (0H A3 A	CONSEGUENCE OF	1.					
d			-					
PART il. Other algnificant conditions c	ontributing to death b	ut not reaulting i	in the unde	orlying cause	given in	Part 1. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
depus.	10					1 TYES 2	-	COMPLETION OF CAUSE OF DEATH?
Massetis Me	lletin							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PLACE OF C	EATH (Che	eck only one)		
	IOSPITAL: Inpatient 2 - ER/Oulp	ontient 3 🗆 DDA	OTHER:	g Home 5 🗆 R	esidence	8 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 26	Sc. INJURY AT WORK?		28d. DEŞCRIBE HOW IN	JURY OCC	UREO
1 Natural 5 Pending 2 Accident Investigation] NO			
3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s	street, fectory	, office		28f. LOCATION (Street a. City or Town, State)	nd Number	or Rural Route Number,
4 Homicide detarmined						ony or torri, orato,		
290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my know	ledge, death occurre	ed at the time	, data end place	, end due	to the cause(s) and man	ner es state	ed.
								e cause(e) end menner es stated.
290. SIGNATURE AND TITLE OF CENTIFIER					ENSE NUM			SIGNED (Month, Day, Year)
V	phylam.	3			328		▶ 3	1669
30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)					, , , , ,
Dr. S. Gupta Jo	hnson Heigh	ts Medic	al Ru	ildino	Cur	nherland N	(ID	21502
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE			Out	CLLAIR, I	ш·	41304
MAR 1 7 1994	John Birian	- Kurana						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	Brook Pre	ston E	Bodkin									1	94	10020		
	1 - FOR STATE REGISTRAR		STATE OF N		DEPAR					MENTA	L HYGIEN					
3	1. DECEDENT'S NAME (First	, Middle, Last)	Ω	DOL	111	1				2. DATI	E OF DEATH	AY	YEAR	3. TIME OF DEATH		
	BHOOK	P	7)UU F	- 1	X				3	1 7	0	94	11 65 P.M		
	4. SOCIAL SECURITY NUMI 710-09-6309		5. SEX.	8. AGE (In yrs. les	•	IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE	th, Day, Year)	1	8. BIRTHE Country	PLACE (State or Foreign		
				80	YRS.						030			Virginia		
œ	90. FACILITY NAME (# not in		treet end number)			9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH				
5	Rt. 3, Box					Rawlings					Allegany			У		
DIRECTOR	10a. STATE	10b. COUNT	Y		10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?		
ā	Maryland		egany		R	awli	ings							1 TES 2 NO		
FUNERAL	10e. STREET AND NUMBER						101.	ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?		
W I	Rt. 3, Box	61						215					U.S.A			
F	11. MARITAL STATUS 1 Never Married 2	Married		YES 2 X	NO	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGI	N? (Specify Yes	or No-	14. RACE Black,	- American Indian, White, etc.		
B	3 XWidowed 4 Dive		IF YES, GIVE W	AR OR DATES			1 TYES	2 📉 NO	Specify	y:			Specify			
G	15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL (OCCUPATIO	N .		166	b. KIND OF BU	SINESS/IND	USTRY	WILLOE		
	(Specify online Elementary/Secondary (I	y highest grade 3-12)	College (1-4 or 5 +	Ma	live kind of a Do NOT us	work done se retired.)	during mos	st of workin	g		Maryla			of		
P	8th				Super	visc	r				Forest		-			
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Meiden	Sumame)				
BE	Granville H		Bodkin					Do:	ra I	. Ki	.ser					
2	19e. INFORMANT'S NAME (1										nber, City or Tow		,			
-	Norma B. Calhoun 18641 Crestwood Dr., Hagerstown, Maryland 21742 20c, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / DATE 20c, LOCATION — City of Town, State															
	1 D Buriel 2 Cremetic	n 3 🗆 Rem	oval from State	cemetery, cre	matory or o	ther place)	me of		DAT						
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		FNGEE	Daws	on C		ery			13/	19 Daw	son,	Mary	land		
	11- 11	Λ	20 /								Funer	al Ho	me.	Inc.		
	Hawa!	War	Rojer	yer		11	11 S.	. Min	era	1 St	. Kev	ser.	WV.			
	23. PART I. Enter the d shock, or h	iseeses, Dr (eert fellure.	complications that List only one cau	caused the de se on each line	eth. Do i	not snte	r ths mo	de ot dyi	ng, suc	h sa car	disc or reep	iratory arr	eat,	Approximats Interval Between		
	IMMEDIATE CAUSE (Fir disesse or condition	nal			, , }	ial infarction										
	resulting in death)	a. myocardia Intarcion									101111					
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) By O C G Y D I O I N F G Y C T I ON I N TO Y O TO												JEVES			
Ó	Sequentially list condit		DUE TO	OR AS A CONSE	DUENCE O	F):	THE !	011	0 0	010	- PT	0117	(0))(45/13		
CAT	cause. Enter UNDERLY	ING	c.													
E	thet initiated events		DUE TO	OR AS A CONSE	DUENCE O	F):										
CERTIFICATION	resulting in desth) LAS	' (d,													
	PART ii. Other signitics	int condition	s contributing to	death but not i	esulting	in the u	nderiying	csuse g	Iven in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	progressi	UP C	onsesth	Je hea		fai	lux	P.			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						1-2-1				_	I I I TES 2	LIGHU	- 1	OF DEATH?		
7										_						
SIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					ACE OF D	ATH (Ch	eck only o	ne)					
YSI	1 TYES 2 THO		1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHE 4 Nu		5 12 Re	sidence	8 🗆 Oth	er (Specify)					
I	27. MANNER OF DEATH	Pending	28e. DATE OF (Month, Da		28b. TIM	E OF URY	28c. INJU WO	RK?		28d. DE	SCRIBE HOW I	NJURY OCC	CURED			
0				М		'ES 2	NO .									
ВУ Р	2 Accident	Investigation	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At h building, atc. (Specify)						ome, farm, street, fectory, office				28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
B₹	2 Accident 3 Suicide 8	Could not be	28e. PLACE Of building,	FINJURY — At ho atc. (Specify)	rine, rairrit,											
B₹	2 Accident 3 Suicide 8 Homicide	Could not be determined	building,	etc. (Specify)										ole Number,		
B₹	2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only	Could not be determined	CIAN: To the best of	my knowledge, de	ath occur	ed at the				to lhe ca	use(e) end ma	nner ee stat				
COMPLETED BY P	2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 MED	Could not be determined FIFYING PHYSI ICAL EXAMINE	CIAN: To the best of	my knowledge, de	ath occur	ed at the		eath occur	ed at the	to the ca	use(e) end ma	nner ee stat	e cause(a)	end manner ee stated.		
B₹	2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only	Could not be determined FIFYING PHYSI ICAL EXAMINE	CIAN: To the best of	my knowledge, de	ath occur	ed at the			ed at the	to the ca	use(e) end ma	nner ee stat	e cause(a)			

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GISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

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DINOUS C	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or litem 23 shows any injury or other traumatic event, the medical examinar must be notified at once
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3-24-94

	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMENT O	F HEALI	H AND	MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)			V		J. DE	-		TE OF DEATH		T	3. TIME OF DEATH
	Phyllis	E.		Brook	S				NTH DA		YEAR 94	3:06PM w
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y	EAR IF UN	DER 24 HMS.	7. DAT	TE OF BIRTH	1	S. BIRTH	PLACE (State or Foreign
	214-05-5139	1 □ M 2 🔂 F	73	YRS.	MONTHS D	W8 HOUR	S MIN.	(Mo	8/25/2	0	Country	MD.
	Se. FACILITY NAME (# not institution, give s	treet and number)			9b. CITY, TO	WN OR LOC	ATION OF D	EATH	0/23/2		ITY OF DE	ATH
8	263 National H	Iwy			La	Vale				277	Alle	
5	RESIDENCE OF DECEDENT											
DIRECTOR	Maryland Alleg				vale	OCATION						10d. INSIDE CITY LIMITS? VX YES 2 \(\square\) NO
FUNERAL	10a. STREET AND NUMBER					10f, ZIP C				10g. CITI	ZEN OF W	HAT COUNTRY?
單	263 National Hwy	7				2:	1502				USA	
글	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR		13. WAS	DECENDEN	T OF HISPAI	NIC ORIG	GIN? (Specify Yea to Rican, etc.)	or No-	14. RACE	- American Indian, White, atc.
BY	3 Widowed 4 Divorced		AR OR DATES X			YES 2			o rican, etc.)		Specif	White
ED	15. DECEDENT'S EDUC	CATION	44. 05	050511110						1		
	(Specify only highest grade	completed)	(G		ork done durir		orking	1	66. KIND OF BUS	INESS/IND	USTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5+)		_	etarv			ŀ	School School	7 Cure	+om	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			Sect	etary	10.14	OTHER'S NA	AME (Elm)	t, Middle, Maiden S		Lean	
	William R. Dayt	on							(Lacy)	sumame)		
B	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (St				imber, City or Town	State Zin	Codel	
2	Stephen C. Broo	oks	13	3708	Wane	gard	len D	r.,	Germa	anto	wn M	D.20874
	1 Buriel 2 Cremation 3 Remarks Property	oval from Stata	cemetery, cre	metory or oth	F DISPOSITIO			1		CATION —		
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE/) /	Hille	rest	Buria	L Par	<u>k 3/</u>	26/9	94 Cumb			
		Not	14						Kight			
	William	J Mul	1									MD.21502
	23. PART I. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in desth)	Arterios	e on each line							ratory arre	est,	Approximate Interval Between Onset and Death
Z	The second secon)				othyro	oidis	m			_	
(C) II	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CATIC	if any, leading to immediate cause. Enter UNDERLYING	he										
RTIFICATIO	if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):				_			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	J										
_,	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	J				lying ceus	e given in	Part I.	24a. WAS AN / PERFORI	MEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
_,	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	J				lying ceus	e given in	Part I.		MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_,	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	J				lying ceus	e given in	Part I.	PERFORI	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
_,	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition CODD 25. WAS CASE REFERRED TO MEDICAL	J			n the under				PERFORI	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_,	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST PART ii. Other significent condition CODD	contributing to a	deeth but not n	eauiting ir	other:	8. PLACE OF	DEATH (Ch	neck only	PERFORI 1 TYES 2	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_,	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition CODD 25. WAS CASE REFERRED TO MEDICAL PEXAMINER?	HOSPITAL: 1 Inputent 2 28e. DATE OF I	Seeth but not n	DOA 28b. TIME	other:	6. PLACE OF	F DEATH (Ch	8 Ott	PERFORI 1 YES 2 One)	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition CODD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	Contributing to Contributing t	Seeth but not n	□ DOA	OTHER:	8. PLACE OF	F DEATH (Ch	8 Ott	PERFORI 1 TYES 2	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition CODD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation	HOSPITAL: Inputent 2 288. DATE OF I	ER/Outpetient 3 NJURY (x / ber)	DOA 28b. TIME	OTHER: 4 Nursing OF 280 RY 1	6. PLACE OF	F DEATH (Ch	8 Ott	PERFORI 1 VES 2 one) her (Specify) ESCRIBE HOW IN	MEO?	URED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition CODD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation	HOSPITAL: Inputent 2 288. DATE OF I	ER/Outpatient 3 NJURY (, 'b'er')	DOA 28b. TIME	OTHER: 4 Nursing OF 280 RY 1	6. PLACE OF	F DEATH (Ch	8 Ott	PERFORI 1 YES 2 one) her (Specify) ESCRIBE HOW IN	MEO?	URED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST PART II. Other significent condition CODD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be distermined	HOSPITAL: Inputent 2 28e. DATE OF I	ER/Outpetient 3 NJURY , Yeer) INJURY — At hou	DOA DOA INJU	OTHER: 4 Nursing OF 28c/RY M 1	8. PLACE OF	Residence	8 Ott	PERFORI 1 VES 2 one) her (Specify) ESCRIBE HOW IN CATION (Street ar. by or Town, State)	MEO? NO JURY OCC	URED or Rural Ro	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition CODD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be distermined 29s. CERTIFIER (Check only 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpatient 2 28e. DATE OF I	ER/Outpetient 3 NJURY (2) INJURY — At horitic. (Specify) my knowledge, de.	DOA DOA TIME TO TO THE TOTAL TO THE TOTAL	OTHER: 4 Nursing OF 28c/RY M 1 reet, factory.	6. PLACE Of Home STATE TO THE S	Residence	8 Ott 28d. Di 28f. LC	PERFORI 1 VES 2 one) her (Specify) ESCRIBE HOW IN CATION (Street art by or Town, State)	MEO? NO JURY OCC IN Number of Number of Number of States	URED or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition CODD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be distermined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSic	HOSPITAL: 1 Inpatient 2 28e. DATE OF I	ER/Outpetient 3 NJURY (2) INJURY — At horitic. (Specify) my knowledge, de.	DOA DOA TIME INJU	OTHER: 4 Nursing OF 28c/RY M 1 reet, factory.	6. PLACE OF	Residence	8 Ott 28d, Di 28f, LO Cit	PERFORI 1 VES 2 one) her (Specify) ESCRIBE HOW IN CATION (Street art by or Town, State)	MEO? NO JURY OCC INDUMENTAL STATE OF THE	URED or Rural Ro ed. cause(e)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that Initiated events resulting in death) LAST PART II. Other significent condition CODD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be distermined 29s. CERTIFIER (Check only one) MEDICAL EXAMINER	HOSPITAL: 1 Inpatient 2 28e. DATE OF I	ER/Outpetient 3 NJURY (, 'Year') INJURY — At hor inc. (Specify) my knowledge, deamthation end/or in	DOA DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28c M 1 reet, factory. d at the time,	8. PLACE OF Home INJURY AT WORK? YES 2 office date end place, death oc 29c. L	Residence	8 Ott 28d. Di 28d. Lo Cit	PERFORI 1 VES 2 one) her (Specify) ESCRIBE HOW IN CATION (Street art by or Town, State)	MEO? NO JURY OCC INDUMENTAL STATE OF THE	URED or Rural Ro d. cause(e) SIGNEO (AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Sufe Number, end menner ee stated. Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that Initiated events resulting in death) LAST PART II. Other significent condition CODD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be distermined 29s. CERTIFIER (Check only one) MEDICAL EXAMINER	HOSPITAL: 1 Inpatient 2 28e. DATE OF I (Month, De) 28e. PLACE OF building, a	ER/Outpetient 3 NJURY — At horizonte. (Specify) my knowledge, december and specific production and/or is	DOA 28b. TIME INJU me, ferm, st which occurred investigation	OTHER: OF 28c PRY M 1 reet, factory, d at the time, i, in my opinic	8. PLACE OF Home INJURY AT WORK? YES 2 office date end place, death oc 29c. L	F DEATH (Ch	8 Ott 28d. Di 28d. Lo Cit	PERFORI 1 VES 2 one) her (Specify) ESCRIBE HOW IN CATION (Street art by or Town, State)	MEO? NO JURY OCC INDUMENTAL STATE OF THE	URED or Rural Ro ed. cause(e)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Sufe Number, end menner ee stated. Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition CODD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide determined 29e. CETTIFIER (Check only one) MEDICAL EXAMINER	HOSPITAL: 1 Inpatient 2 28s. DATE OF I (Month, De) 28s. PLACE OF building, s	ER/Outpatient 3 NJURY — At hor inc. (Specify) my knowledge, delamination end/or is	DOA 28b. TIME INJU me, ferm, st sth occurred mvestigation 127) (7pe, i	OTHER: 4 OF 28c	6. PLACE OF	Residence NO	8 Ott 28d. Di 28d. Lo Cit	PERFORI 1 VES 2 one) her (Specify) ESCRIBE HOW IN CATION (Street art by or Town, State)	MEO? NO JURY OCC INDUMENTAL STATE OF THE	URED or Rural Ro d. cause(e) SIGNEO (AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Sufe Number, end menner ee stated. Month, Day, Year)

Julia Davidson-Randall

VEAR

1994

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH

BALTIMORE, MARYLAND 21215-0020	leath. Page 6 may be retained by the hospital or attending physici	funeral director, page 5 should be detached for use as the burial-
BA	nours after d	filled in by the 1
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within an incura after death. Page 6 may be refained by the hospital or attending physicial	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-

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31. DATE FILED (Mont

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2, 3 should

the hospital or attending physician detached for use as the burial-tra1 - FOR STATE REGISTRAR

t. DECEDENT'S NAME (First, Middle, Last

4. SOCIAL SECURITY NUMBER

SARA

Oct 3, 212-24-0868 DAYS HOURS 1 - M 2 F 83 YRS. 1910 9e. FACILITY NAME (If not institution, give street end nui 9b. CITY, TOWN OR LOCATION OF OEATH 9c COUNTY OF DEATH DIRECTOR Cumberland Nursing Home Cumberland RESIDENCE OF DECEDENT 10b. COUNTY Allegany 10c. CITY, TOWN DR LOCATION Cumberland 10g. CITIZEN OF WHAT COUNTRY? 100. STREET AND NUMBER 813 Lafayette Avenue FUNERAL 101. ZIP CODE 21502 11. MARITAL STATUS

Never Married 2 Married 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
 \[\begin{array}{c} YES 2^2 \begin{array}{c} NO & Specify \end{array}
\] FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES В 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 registered nurse hospital once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surner at Isaac Bucy Mary C. Furlow BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rosemary 39 Memorial Avenue Cumberland MD 21502 Eirich be 200. METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Buriel 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) must Rose Hill Cemetery 3/31/ Cumberland MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Scarpelli Funeral Home Cumberland, Maryland 23. PARTA. Enter the diseases, or complic Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, pr haart failure. List only one cause on each line. 0 **IMMEDIATE CAUSE (Final** cremation. the disease or condition raemia resulting in death) or other traumatic event, **OUE TO (OR AS A CONSEQUENCE OF)** burial, adure CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other algoriticent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 1 YES 2 NO to **PHYSICIAN**: Dept 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item State HOSPITAL OTHER:

V Nursing Home 5 - Residence 6 - Other (Specify) t TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 6 the 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, with 1 Natural 1 YES 2 ND BY death 2 Accident 26e. PLACE OF INJURY — Al home, ferm, street, factory, office building, stc. (Specify) 40 3 Sulcide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be after 4 Homicide 28 hours a Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. TO THE HOSPITAL D
TO THE FUNERAL D
be filed within 72 h
IMPORTANT: It its (Check only one) ation end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day. BE

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Buch

6. AGE (in yrs. last birthday)

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

302

MO

IF UNDER 24 HRS.

3. TIME OF DEATH

YES 2 NO

Approximate Interval Between

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE

DF DEATH? 1 YES 2 NO

Onset and Death

8. BIRTHPLACE (State or Foreign

Allegany

14. RACE — American Indian, Black, White, atc.

white

21502

MD

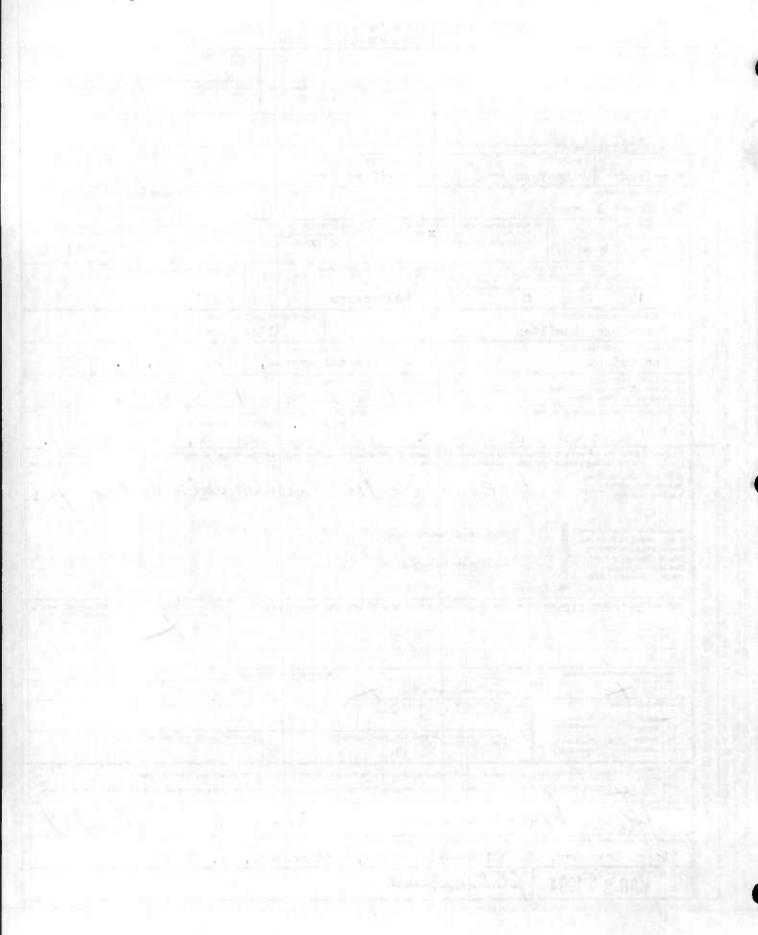
DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death, Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but of the flux within 70 hours after death with the State flux of Marith and Mental Hymine prior in hunar cremation or mental	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
REGISTRAR	CERTIFICATE OF DEATH REG. NO.	

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO					
7	1. DECEDENT'S NAME (First, Middle, Last) MARGARET H. COOK				2. DATE OF DEATH BONTH	21 9	3. TIME OF DEATH			
	216 10 1172 10M2 DF	n yrs. lest birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Ybar)	1 1	BIRTHPLACE (State or Foreign Country) ARY (AA/D			
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) WICSON HEACTH CARE CO	ENTER	96. CITY, TOWN O	HERS B	urg	MON	TGONERY			
E C	RESIDENCE OF DECEDENT									
	Maryland Montgomery	Ga	ithersbu	rg		LIMITS? 1 💢 YES 2 🗌 NO 10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	301 Russell Avenue			20877	7	United States				
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe	ENDENT OF HISPANI ecity Cuban, Maxican 2 NO Specify:	e or Ne— 14.	No- 14. BACE - American Indien, Black, White, etc. Specify: White				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S	USUAL OCCUPATION	N et of working	16b. KIND OF BU	SINESS/INDUST	TRY			
COMPLETED	Elementary/Secondary (0-12)	kkeeper								
00	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAME (First, Middle, Melden Surname)							
BE C	Marmaduke Hamilton				ce Maude					
10	190. INFORMANT'S NAME (Type/Print) Lee Wright				Gaithers					
	1 Buriel 2 XI Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	PLACEAND DATE OF PLACE AND DATE OF POINT OF POIN	itan Cre	matory	3/23 Al	exandri	or Town, State a, Virginia			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Murie	AME AND ADDRESS OF FACILITY LITIES H. Barber Funeral Home 20882 525 Laytonsville Rd, Laytonsville, Md.						
	23. PART I. Enter the diseases, or complications that caused	the death. Do r					Approximate			
	shock, or heart fellure. List only one cause on each line.									
	immediate cause (Finel disease or condition resulting in death) a. Wenosclerote Cardiovaccular disease									
NO	Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):									
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTIFICATION	that initiated events DUE TO (OR AS A resulting in death) LAST	CONSEQUENCE OF	F):							
	DATT II Other significant conditions contribute to death in									
EDICAL	PART II. Other algnificant conditions contributing to death be	ut not reauting	in the underlying	cause given in F	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
(ED)	22.0 - 9.0				1 _ YES	2 100	OF DEATH?			
N: M					_					
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Che	ck only one)					
SIC	1 YES 2 HOSPITAL:	atient 3 DOA	OTHER:	e 5 🗆 Residence t	B ☐ Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	28b. TIM	URY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, office		261. LOCATION (Street City or Town, State		Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only Desir) 1 CERTIFYING PHYSICIAN: To the best of my knowledge of examination of the best of the b						suse(e) and manner as stated.			
BE CC	MEDICAL EXAMINES On the beels of examination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(e) and manner as stated. 29c_LICENSE NUMBER 29d. DATE SIGNED (Month, Day Year)									
10	10. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OE.			0181	86	1 2/	12/17			
			nue, Gai	thersbur	g, Md. 20	0877				
	31. DATE FILED (MONTH, Day, 1642) MAR 2 3 1994 Julia Davidson Randalle									



OHMH-16 Rev 1/89

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age 6 n	director	
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may b	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag	
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SPITAL	NERAL	thin 73

		1 - FOR STATE REGISTRAR	STATE OF MARYL	LAND / DEPARTI CERTIFIC			MENTAL HYGIE					
		DECEDENT'S NAME (First, Middle, Lest) AARON	W.	COLEM	AN		2. DATE OF DEATH MONTH	DAY 91	EAR	TIME OF DEAT	тн	
		4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Sept. Day Vear)	I a	BIRTHPL A	CE (State or Fr	oreign	
2, 3 should	стоя	96. FACILITY NAME (II not institution, give stree Prince George M			hever	PR LOCATION OF DI		9c. COUNT	Y OF DEAT		e	
-	SIRECI	100. STATE 10b. COUNTY Virginia Spots	vlvania		rown or Locat					d. INSIDE CITY		
(XX	1	100. STREET AND NUMBER 4542 Blaydes Co:			101	22553		U. S	N OF WHA	T COUNTRY?	NO	
the burishty	BY FUN		2. WAS DECEOENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	T EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica			n, Puerto Rican, etc.)	I. RACE — Black, W	Americen Indi	ien,		
ospital or attended for use as	APLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12) L Z	(Ghe kind of work done during most of the body state of the control of the contro				luring most of working Plas					
d at once.	SE COMPL	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Caroline Scott										
y be retained bage 5 should be notified	TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stets, Zip Code) 11509 Canterbury Ct. Mitchellville, Md. 20721										
age 6 may director, pa or must b		20b. PLACE AND DATE OF DISPOSITION A PLACE AND DATE OF DISPOSITION (Name of Page 1994) Page 1994 Arcadia, Virginia 20b. PLACE AND DATE OF DISPOSITION (Name of Page 1994) Page 20b. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Page 1994) Arcadia, Virginia 21c. LOCATION — City or Town, State 22c. LOCATION — City or Town, State										
the funeral directory of the funeral directory of the funeral directory of the function of the			e W. Bo	riley	1		ral Home			te St Va.	t.	
or winner at income and or the many or retained by the hospital or completely filled in but state oean. Fage or may be retained by the hospital or completely filled in the model. ial, cremation, or removal. c event, the medical examiner must be notified at once.		23. PART I. Enter the disease, pr corehock, pr heert fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Proping that couse on each proping proping the couse on each proping the couse on each proping the couse on each proping the couse of t	eech line.		de of dying, suc	h as cardlec or rea	piratory arrea	t,	Approxim Interval B Onset and	letween	
in cellinate by execution and Hygiene prior to but or other traumation.	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events reaulting in death) LAST b. CONSMAY ANTERS O'STASS DUE TO (OR AS A CONSEQUENCE OF): Infra Cent b nal Bleed DUE TO (OR AS A CONSEQUENCE OF): d.										
THE FROATIAL OF ALCENDER OF ALCENDER OF THE SAUGHTS HIRL HE GEST HE HE WELLS HELD THE SAUGHTS HE HE WELL HE SEED THE SAUGHT OF HEALT HE WITHOUT AT NOUR After death with the State Dept. of Health and Memtal HeORTANT: If Item 28 is marked, or Item 23 shows any Injury,	MEDICAL	Concernon Stretcher Performed? 1 YES 2 NO OF D								RE AUTOPSY FI NILABLE PRIOR MPLETION OF (DEATH?	CAUSE	
or item	HYSICIAN:	1 TYES 2 NO	IOSPITAL: Inpatient 2 - ER/Out		THER:	ACE OF BEATH (Ch	6 Other (Specify)					
the this certific eath with the S marked, or i	ВУ РН	27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending 2 📄 Accident investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO M 1 □ Y	PRK?	28d. DESCRIBE HOV	V INJURY OCCU	₹ED			
RECTOR: At Ins after de m 28 Is	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, stre	et, factory, office		281. LOCATION (Stree City or Town, Sta	end Number or te)	Rural Route	Number,		
USCITIAL ON A JNERAL DIREC Ithin 72 hours INT: # item	COMPL	29e. CERTIFIER 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:								d menner as s	Hated.	
TO THE FUNERA De filed within 7 IMPORTANT:	TO BE (290. SICHATURE AND TITLE OF CERTIFIER	22-			D235		29d. DATE S	IGNED (MO	onth, Day, Year)		
	-	30. NAME AND ADDRESS OF PERSON WHO B	424, MO	7223	IMONE	· R PKW	1 Green b	elt M.	d 2	0770	>	
		APR 0 6 1994	32. HUBISTRAR'S SIGN	ANTURE ANTONIO							1	

Q.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	Sec. 10.	3. TIME OF DEATN		
	FLORENCE AMELIA CRESWELL				March 23	. 1994 YE	4:00 P.M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs	s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURTH		DIRECTION AND CO		
	219-18-5264 1 D M 2XD F 69	YRS.	MONTHS DAYS	HOURS MIN.	Sept. 9,1	924	Country) Maryland		
OR	9a. FACILITY NAME (If not institution, give street and number) 625 Magnolia Road		эь. сіту, томы с Дор	PA.	EATH	9c. COUNTY Harfo	OF DEATN		
딦	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	I 10c CIT	Y, TOWN OR LOCAT	TION		10d. INSIDE CITY			
DIRECTOR	Maryland Harford	Jop		TION .					
FUNERAL	100. STREET AND NUMBER 625 Magnolia Road		101	21085		10g. CITIZEN	OF WHAT COUNTRY?		
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 22 IF YES, GIVE WAR OR DATES	NO	13. WAS DEC If yes, sp 1 YES	RACE — American Indian, Black, White, etc. Specify: hite					
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUST	RY		
4	Elementary/Secondary (0-12) College (1-4 or 5+)		work done during mo ne retired.)	st or working	Home	2			
M M	10 I	Housew:	ife		TAGING .				
E COMPLET	17. FATHER'S NAME (First, Middle, Last) William Carroll Ryan			18. MOTHER'S NAME (First, Middle, Melden Surname) Anna — Benzer					
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Route Number, City or Tox	vn, State, Zip Cod	(e)		
2	Linda A. McAllen	104 \$	Seevue C	ourt, Ap	t. B, Bel	Air, M	d. 21014		
	20a, METHOD OF DISPOSITION 1 IX Burial 2 Committee 3 Democratic Translation State	CEANDDATE	OF DISPOSITION (Na	me of	DATE 20c. LC	CATION — City	or Town, State		
	4 Donation 5 D Other (Specify)	Air M	emorial	Gardens	3-26-94	Be.	l Air, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	4	HOWAY	d K. McC	omas III F		Home, P.A.		
	23. PART I. Enter the diseases, or complications that caused the	death. Do r	ot enter the mo	de of dving, suc	y Road, Ar	angaon	Md. 21009		
	21. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
NO	Sequentially list conditions,								
CATI	cause. Enter UNDERLYING								
CERTIFICATION	that initiated events DUE TO (DR AS A CON resulting in death) LAST	ISEDUENCE OF	<u>ን</u> :						
2	PART II. Other algorificant conditions contributing to death but no	ot recultion i	a the condent to						
MEDICAL		ot resoluting i	n dre driderlying	g cause given in	Part i. 24e. WAS AN PERFDI	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
							~		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL	ACE OF DEATH (Ch	ock only one)				
YSI	1 Inpetient 2 ER/Outpetient	1 3 🗆 DOA	4 Nursing Hom	e 5 Aesidence	6 Other (Specify)				
	28a. DATE OF INJURY (Month, Day, Year)	285. TIM	URY WO	URY AT RK?	28d. DESCRIBE HOW	NJURY OCCURE	ED .		
ВУ	Investigation Investigation 28e. PLACE OF INJURY — At	t home, farm, s			26f. LOCATION (Street	and Number or B	zoni Brute Number		
ETEO	4 Hamicide determined building, etc. (Specify)				City or Town, State)	1	orar roote (torroes,		
COMPLETED	29a. CERTIFIER (Check only CERTIFINO PHYSICIAN: To the best of my knowledge	, death occurre	d at the time, data n, in my opinion, d	and place, and due	to the cause(a) and ma	nner as stated.	use(s) and manner as stated.		
E	296. BIGHANUSE-NO TITLE OF CERTIFIES			29c. ACENSE MUN	IBER O	1 1	SNIED (Month, Day, Year)		
TO BE	July			058	× 57'	3/24	96		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type,	Print	And	Bel an	MDI	1015		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 25 94	E		10-0		. []	1019		



DHMH-16 Ray 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-002
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending phy	ours after death. Page 6 may be retained by the hospital or attending phy
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I in by the funeral director, page 5 should be detached for use as the bu r removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

FOR STATE

	REGISTRAR		CERT	FICATE	OF DEATH	Н	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF OR	ATH	101	3. TIME OF DE	ATH		
	WARREN		COR	SON		l M	IAR.	18, 19	94 ^{YEAR}	9:30	Ам		
		5. SEX 6. AC	GE (In yrs. last birthda		YEAR IF UNDER 24		DATE OF BIR		· -	HPLACE (Statu or			
	077-01-2017		88 YRS				(Month, Day. ct 28	, 1905	Ma	ine			
œ	9e. FACILITY NAME (If not institution, give stre			DWN OR LOCATION				UNTY OF I					
DIRECTOR	20321 Gentle Way			Gaithersburg					Montgomery				
H	10e. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?		
۵		gomery	G	aithers	1			1 YES 2	X NO				
FUNERAL	10e. STREET AND NUMBER			10g. CITIZEN OF WHA									
Ä	20321 Gentle Way			(Colonial Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia C	20879				States				
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 M Wildowed 4 Divorced			11)	S DECENDENT OF res, specify Cuban, YES 2X NO				Spec	E — American ir ik, White, atc. ihy: White			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		16e. DECEDENT		UPATION ing most of working		16b. KIND	OF BUSINESS/IN	OUSTRY				
9		College (1-4 or 5+)	ille. Do NOI	use retired.)									
MP	7		Plant	Managei				ood Man	ufac	turing			
	17. FATHER'S NAME (First, Middle, Last) Ernest	۲	orson		18. MOTHE		First, Middle,	Melden Sumame) MCL-EO	А				
BE	19e. INFORMANT'S NAME (Type/Print)			NG ADDRESS /	Street and Number or		Number Ch						
임		aughter)		e as #		Tioral Floor	mannos, on	or lown, diam, 2.	40 0000)				
	20a. METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSIT		T	DATE	20c. LOCATION -	- City or To	own, State			
	1 X Burial 2 Cremation 3 Remov 4 Donation 6 Other (Specify)	al from State	cemetery, cremetory of Lenox Ru							a, NY			
	21. SIGNATURE OF FUNERAL SERVICE LICE	SEE			ME AND ADDRESS PD Funer	OF FACILIT							
	John B. C/1		M00827		3 Gist A					MD 20	0910		
	23. PART. Enter the diseases, or conshock, or heert feilure. Listing the constant of the const	st only one ceuse or	sed the deeth. Donesch ilne.					r respiratory s	rrest,		Between and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.												
PHYSICIAN: MEDICAL	andicicacheria. PERFORMED? 1 UYES 2 XI NO								AWAILABLE PRIC COMPLETION O OF DEATH?	F CAUSE			
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEA	ATH (Check o	nly one)						
S		HOSPITAL:	Outpetient 3 🗆 DOA	OTHER:	g Home 5 XRaele	Idenca 6 🗆	Other (Spec	ify)					
	27. MANNER OF DEATH 1 X Netural 5 Pending Investigation	26s. DATE OF INJUI (Month, Day, Yes		NJURY	BC. INJURY AT WORK?	-	1. DESCRIBE	HOW INJURY O	CCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, atc. (S	JRY At home, terr Specify)	M 1 VES 2 NO			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:									e) end menner æ	stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER							29d. DA	TE SIGNE	Month, Day, Ye	er)		
TO B	(ween W)			101	1453	55	P N	March	18 , 1	994			
-	30. NAME AND ADDRESS OF PERSON WHO	14.0								EXE .			
	Cheryl E. Winchell 31. DATE FILED (Month, Day, Year)		19241 Mor	ntgomer	y Villac	ge Av	e, Ga.	ithersb	urg,	MD 20	879		
	MAR 2 1 1994	182 REGISTRAR'S S	n-handell										

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	d Me	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							DEATH	,	YEAR	3. TIME OF DEATH
		Maurice	J. Cran	е			March	1 18.			3:50 am M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. lest b		UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BIRTH			IPLACE (State or Foreign
	577-60-5642	1 🔀 M 2 🗌 F	88	YRS.	THE DAYS	HOURS MIN.	(Month, D	2, 19	05		le Island
	Se. FACILITY NAME (If not institution, give st		96	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF					NTY OF D	EATH	
DIRECTOR	Shady Grove Nu	ter	Rockville					1	Montgomery		
Б	RESIDENCE OF DECEDENT									10d. INSIDE CITY	
<u>E</u>				Rockvi					1	LIMITS?	
	10g. STREET AND NUMBER	tgomery				H. ZIP CODE			40 0171	2511 05 1	1 🔀 YES 2 🗌 NO
FUNERAL							1				
Z I	2887 Balmoral Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S			20850 S. ARMED 13. WAS DECEMBENT OF HISPANIC				D			States
	1 Never Married 2 Married	FORCES? 1	YES 2 X NO	:0	If yes, s	pecify Cuben, Mexica	n, Puerlo Rice	in, etc.)	or No—		E — American Indian, k, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYE	S 2 🔀 NO Specify	r:			Spec	<i>™y:</i> White
	ts. DECEDENT'S EDUC		16a. DECE	DENT'S US	IAL OCCUPAT	ON	16b. KI	ND OF BUS	INESS/IND	USTRY	wiiice
Ta	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work o NOT use re	done during m tired.)	ost of working					
틸		5+	Att	Attorney				epart:	ment	of	Navy
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle, Melden Surname)					• • •	
BE	Maurio	ce J. Crane	е			Ter	esa Mo	Dermo	ott		
	19s. INFORMANT'S NAME (Type/Print)		19b, I	MAILING AD	DRESS (Street	and Number or Rural I	Route Number,	City or Town	, Stete, Zip	Code)	
2	Damian I. Crane		28	87 Ba	lmora.	l Drive,	Rockv	ille,	Mar	ylan	d 20850
	20s. METHOD OF DISPOSITION	and the State	20b. PLACE AN	D DATE OF D	ISPOSITION (A		DATE	_	ATION —		
	4 Donation 5 Other (Specify) En		St. A	nn's	Cemet	ery 3/23	/94	Cran	ston	, Rh	ode Island
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	ND ADDRESS OF FA	CILITY				
	Raluf Fo	such		198	Rocks	rille Ma	ruland	200	50 -Z	805	mery Avenue
	23. PART I. Enter the diseases, or c	omplications that ce	used the deat	h. Do not	enter the m	ode of dying, auc	h aa cardiad	or reapir	atory arr	reat,	Approximate
	IMMEDIATE CAUSE (Final								Interval Between Onset and Death		
- 1	disease or condition								2 weeks		
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Cerebrovascular Disease							4 years			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEOU								
2	CAUSE (Disease or injury			rtery Disease						4 years	
	thet initieted evente resulting in deeth) LAST	DUE TO (ON	AS A CONSEOU	ENCE OF):							i
岗	d.										
	PART II. Other aignificent condition	a contributing to dee	th but not ree	uiting in t	he underlyle	ng ceuse given in	Part i. 24	a. WAS AN		24b	. WERE AUTOPSY FINDINGS
MEDICAL								PERFORE			AVAILABLE PRIOR TO COMPLETION OF CAUSE
							_ '	40 2	-A.		OF DEATH?
-											
¥.	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEATH (Ch	eck only one)		-		
S	EXAMINER? 1 YES 2X NO	HOSPITAL: 1 Inpatient 2 ER	/Outpatient 3 🗆	DOA 4	THER: X Nursing Ho	ma 5 🗆 Realdence	6 Other (S	ipec/fv)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJI (Month, Day, Y	URY :	28b. TIME O	28c. IN	JURY AT	28d. DESCR		JURY OC	CURED	
ВУР	1X Natural 5 Pending 2 Accident Investigation	(MOINIT, Day, II	eur)	INJURY		ORK? YES 2 NO					
	3 Suicide 6 Could not be	26e. PLACE OF IN building, atc.	JURY — At home	, farm, atree	t, factory, offi	ce	261, LOCATIO	ON (Street ar	nd Number	or Aural I	Route Number,
핃	4 Homicide determined	bulloning, atc.	(эрвспу)				City or I	Town, State)			
COMPLETED	29e. CERTIFIER 1XXCERTIFYING PHYSIC	CIAN: To the best of my	knowledge death	a occurred e	the time det	a and place, and due	to the onused	(a) and man		ad	
N N											a) and menner as stated
	MEDICAL EXAMINER: On the beele of examination end/or inve										- JUST 10.00
BE	/////////			^	29c. LICENSE NUM	MBER		29d, DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE O	F DEATH (ITEM	7) (Type Pri	U	†32610			M	larch	18, 1994
	Thomas J. McNamar					Doth 2	M-:	1 - "		1 7	
	31, DATE FILED (Month, Day, Year)	32. MEGISTRAR'S	SIGNATURE		rive,	pernesda	, Mar	утапо	208	17	
	MAR 2 1 1994	Julia Davi	dson-Pan	delle							
	MAIL 6 1 1004	- a									

1	FOR STATE REGISTRA

	1 - STATE REGISTRAR	OTALE OF MAI				DEATH		EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	OEATH			3. TIME OF OEATH
	Donald	William	Curry				March	19.		YEAR	8:55 An
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthda	y) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	HTRIE		8. BIRTI	IPLACE (State or Foreign
	175-20-4095	1 😾 M 2 🗆 F	66 YRS	MONTHS	DAYS	HOURS MIN.	(Month, De			Pen	nsylvania
	9a. FACILITY NAME (If not institution, give	FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OBATE				May 17	19	27	NTY OF C		
TOR	Greater Laurel N		е							Georges	
EC	10a. STATE 10b. COUNT	10c. 0	HTY, TOWN	OR LOCA	TION	10				10d, INSIDE CITY	
8	MD Princ									LIMITS?	
-	10e. STREET AND NUMBER		Gree	nbel	. ZIP COOE			10g. CIT	IZEN OF 1	WHAT COUNTRY?	
NER/	7822 Hanover Pa		. 302 101. ZIP COOE 20770							States	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 FINANCES 1945-1946	ES 2 NO If yea, specify Cuban, Mexic			ean, Puerlo Rican, etc.) Blac				E — American Indian, k, White, atc. #y: White	
E	15. OECEOENT'S EOU (Specify only highest grade	CATION completed)	16a. OECEOENT	'S USUAL	OCCUPATIO	ON ast of working	16b, KIN	O OF BUS	SINESS/IN	OUSTRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	ist or working		C.I	. A .		
ž l	17. FATHER'S NAME (First, Middle, Lest)										
8	Casper B. Curry					18. MOTHER'S NA Anna M	ME (First, Middi Ilenar				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADORE	SS (Street o	nd Number or Rural	Boute Number (The or True	n State 76	n Codel	
2	Mary Curry					Parkway					elt, MD
	20a, METHOO OF DISPOSITION		20b. PLACE AND DAT	E OF DISPO	SITION (No	ame of	OATE	20c. LO	CATION —	City or To	own, State
	1 (XX) Nurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from State	Ft. Linc	other plece) Cemet	erv 3/2	3/94	Bre	ntwo	od	Maryland
	21. SIGNATURE OF FONERAL SERVICE LI	CENSEE	10.	22	. NAME A	NO AOORESS OF FA				ou,	rial y Land
	Jani'a 1	1001 +-4	tollar			-Rinaldi					
	23. PART I. Enter the diseases, or ehock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition	List only one ceuee	on each line.	not ente	er the mo	de ot dying, suc	h as Cardiac	or respi	ratory ar	rest,	Spring MD Approximate interval Between Onset and Death
CERTIFICATION	disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events.										
H	thet initiated events resulting in death) LAST										
	PART ii. Other significent condition	no contribution to do	A. L. A								
PHYSICIAN: MEDICAL	TATI II. Ottor agrifficent condition	in contributing to dea	nt but not resultin	g in the t	inderiyin	g ceuse given in		PERFOR	MEO?	241	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
¥	25. WAS CASE REFERRED TO MEDICAL				28 PI	ACE OF OEATH (Ch	ack only one!				
잃	EXAMINER?	HOSPITAL:	(Outputlant 2 7 POS	OTHE	R						
Ĕĺ	27. MANNER OF OEATH	28a. OATE OF INJ		IME OF	_	URY AT	6 ☐ Other (Sp 26d. OEŞCRI		A ILIBA OC	CHBEO	
	1 Natural 5 Pending	(Month, Oay, Y		NJURY	WC	YES 2 NO	EGG. OLÇONA	DE HOW I	NJOH! OC	CONEO	
B	2 Accident Investigation	28a, PLACE OF IN	IIIRY — At home ferm	a street fo			201 LOCATIO	M (Dt et -	and Morrobia	0	David Alice
	3 Suicide 4 Homicide Suicide 5 Could not be determined Suicide 6 Could not be determined Suicide 8 Could not be determined Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							f or Hurst	Houte Number,		
COMPLETED		ER: On the best of my									a) and manner ea stated.
	2 MEDICAL EXAMINER: On the baels of examination and/or investigation, in my opinion 29b. SIGNATURE AND TITLE OF CERTIFIER								29d. DAT	E SIGNE	(Month, Day, Year)
H	nu.	1111	-			29c. LICENSE NUMBER DZ4997 29d. DATE SIGNED (Month) 3/19/6				9/94	
임	30. NAME AND ADDRESS OF PERSON WE	ASAS WAD	8317 /	pe, Print)	RV	LA. LA	LULAT	W	D.	710	07
	31. DATE FILEO (Month, Day, Year)		SIGNATURE	101010	7		- INCC		1/	~/	
	MAR 2 2 1994	39. REGISTRAR'S	son-Mandale	•							

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN	E					
1	1. DECEDENT'S NAME (First, Middle, Last)	Beulah A.	Cooper		2. DATE OF OEATH MONTH DA	NY YEAR					
	4. SOCIAL SECURITY NUMBER 219-62-7604 98. FACILITY NAME (If not institution, give st	1 - M 2 VF 4 6	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF O	7. DATE OF BIRTH (Month, Dey, Year)	8. BIF	ITHPLACE (State or Foreign intry)				
TOR.	Dorchester Gen. Hospital Cambridge Dorchester										
DIRECTOR	10e. STATE 10b. COUNTY	chester	10c. CITY, TOWN	OR LOCATION W	arket		10d. INSIDE CITY LIMITS? 1 IV YES 2 NO				
FUNERAL	10e. STREET AND NUMBER P. O. ROX	383	1000,	101. ZIP CODE 2/63	V/2========	10g. CITIZEN O	F WHAT COUNTRY?				
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	№ NO	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specifi	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	Bi	ACE — American Indien, lack, White, atc.				
8	15. DECEDENT'S EDUC (Specify only highest grade		a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	10.10-				
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5+)	LAbo								
	17. FATHER'S NAME (First, Middle, Last)	Coope	v	18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)					
TO BE	19a. INFORMANT'S NAME (Type/Print)	00010		SS (Street and Number or Rural		-	41621				
	200. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove		ACE AND DATE OF OIS	POSITION (Name	2/	CATION - City of	Town, State				
	4 Donation 5 Other (Specify)	Me	eKINS 1	PEK CEMEKY	AOU ITM		Neck, Md.				
	· Janelle	C. Henry) 5	Henry Fu	I di di	one mbride	21613				
П	23. PART . Enter the diseases, or c shock, or heart fellure.	omplications that caused th List only one cause on each					Approximata Interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Metastatic C		iver - unkno	own primary		6 months				
z		DUE TO (OR AS A CO	ructive Lu	ng Disease			2 years				
ATIO	Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING	Alcoholism	INSEQUENCE OF):				20 years				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in daeth) LAST	OUE TO (OR AS A CO	PNSEQUENCE OF):								
1 - 1	PART ii. Other eignificant condition	a contributing to death but	not resulting in that	underlying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
: MEDICAL											
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF OEATH (C	Check only one)		*				
PHYSI	1 VES 25 NO 27. MANNER OF DEATH	1 Nonpatient 2 ER/Outpatie	ont 3 DOA 4 N	ursing Home 6 - Residence	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED)				
ВУ Р	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK?							
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)		ictory, office	261. LOCATION (Street City or Town, State)		ral Route Number,				
COMPLET	torison only	CIAN: To the best of my knowledge: R: On the basic of examination of					se(s) and manner ee stated.				
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIED	H 2010	MD	29c. LICENSE NO D-4370		29d. DATE SIGN	NEO (Mgnth, Day, Year)				
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CALIFE OF DEATH	, 1/-/				1/19				

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Rosemary M.

31. DATE FILED (Month, Day, Year)
MAR 22 '94

Harris,

M.D.

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

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by profit of the profit of the

and the set of the Ball of the last contract of the

3760, BALTIMORE, MARYLAND 21215-0020	ted within 24 hours after death. Page 6 may be retained by the hospital or attending p.	completely filled in by the funeral director, page 5 should be detached for use as the b	ial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	TO THE RUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-time.	De lifed within 72 hours ditel beauti with the state Dept. Of relating and mental myglene prior to buriar, cremation, or removal,	INDEPENDENCE AS the second on the State of the second of t

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT	OF H	EALTH AND DEATH	MENTA	L HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Last)				OF DEATH		WE	3. TIME OF DEATH			
	KARL	7. COUL	BOURN	E			MONT		7	YEAR	735 P W
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		8. BIFTTI Count	IPLACE (State or Foreign
	214-10-8661	1 🔼 M 2 🗌 F	85 YRS.	EON INS	UATE	HOURS MAN.	7-	18-19	1806		inia
	9s. FACILITY NAME (If not institution, give str			9b. CITY,	TOWN O	R LOCATION OF	DEATH		9c. COUN	TY OF C	DEATH
DIRECTOR	Harrison House Nur	sing Home		Snov	w Hi	11			Word	cest	er
1 12	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCATI	ON					10d. INSIDE CITY
l H	Maryland Worces	ster	Poc	omoke	- Ci	-v					LIMITS?
¥	10e. STREET AND NUMBER		1.00	01110710		ZIP CODE			10g. CITIZ	EN OF	WHAT COUNTRY?
띮	19 Somerset Avenu	ae				2185	1			USA	
FUNERAL	11. MARITAL STATUS	12. WAS OECEGENT EVER II FORCES? 1 YES	N U.S. ARMEO	13. 1	MAS OECI	NOENT OF HISPA	ANIC ORIGI	17 (Specify Ye	s or No-	14. RACI	E — American Indian, k, White, etc.
BY	1 Never Married 2X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES			cify Cuban, Mexic 2 ☑ NO Spec		rican, etc.)		Spec	ffy:
0	15. OECEOENT'S EOUC	ATION	14- 05050511710								White
H	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of life. Do NOT u.	work done o	during mos	N t of working	168	KINO OF BU	SINESS/INO	USTRY	
1	11	College (1-4 or 5+)	Auto Sa.		n						
at once.	17. FATHER'S NAME (First, Middle, Last)	_		- COM		16. MOTHER'S N	AME (First.	Middle Maiden	Sumame)		
E 111	Herman W. Coulbou	ırne				Bertie					
2 m	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS	(Street ar	d Number or Rura			m, State, Zip	Code)	
10	Edna L. Coulbourn	ie	19 So	merse	et Av	re., Poo	comok	e, Md.	218	351	
must be	20a. METHOD OF DISPOSITION 1 ↑ Burlei 2 □ Cremetion 3 □ Remo		. PLACE ANO DATE	OF OISPOS			OAT		CATION — C	aty or To	own, State
Ĕ	4 Donation 5 Other (Specify)	Dr	metery, cremetory or o	thodi	st.O	meterv	3/2	0 bak	Hall.	Vir	ginia
examiner	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE				ADDRESS OF F	ACILITY				
	Scott S. Mulson Funeral Home PO BOX 64, Pocomoke City, Md. 21851										
Педіса	23. PART i. Enter the diseases, or co	omplications that caused	d the death. Do i	not entar	the mod	le of dying, su	ch as can	flac or resp	Iratory srre	eet,	Approximats
Ē	shock, or haert fallure. List only one ceuse on aach lina. IMMEDIATE CAUSE (Final Onset and Desth										
t, the	disesse or condition resulting in death) a. CAD SEVERAL YI										
event,	DUE TO (OR AS A CONSEQUENCE OF):										
	Sequentially list conditions, b.										
TIFICATION	oue to (or as a consequence of): If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):										
R	resulting in death) LAST										
	d.										
= Z	PART ii. Other significent conditions						Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
snows any : MEDIC	CONTRONIC RENAL DISEASE COMPLETION									COMPLETION OF CAUSE OF DEATH?	
M M											1 TYES 2 NO
N N											
led, of item 23 shows any PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕЯ		CE OF OEATH (C	heck only or	•)			
14S	1 TYES 2 NO	1 Inpetient 2 ER/Outp		4 Murs	ing Home	5 Residence					
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	URY	26c. INJU WOF	K?	28d. OES	CRIBE HOW I	NJURY OCC	UREO	
	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home term	street facts		ES 2 NO	201 1 00	ATION (Compl.)	and Mirebox	. 0	
TED	4 Homicide determined	building, atc. (Spec	cify)	Areat, labte	ny, office			ATION (Street or Town, State)		or Huntin	toute Number,
	29a. CERTIFIER , MC CERTIEVING BUYER	NAME To the best of a live				_					
<u>₹</u>		EIAN: To the best of my know R: On the basis of examination									and manner or stated
§ 8	29b. SIGNATUBE AND TITLE OF CERTIFIER			,,,	T			and place, an			
D BE COMPLE	Sportly !	The worth	ml			29c. LICENSE NU	MBER 241				(Month, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WHO	COM LETEO CAUSE OF OE	ATH (ITEM 27) (Type.	Print)		J 06	241		▶ 3	77-	- 74-
		HOLZWORTH			Car	10/ C	-	dated	Un.	M	01071
	31. DATE FILEO (Month, Day, Year)	32. BEGISTRAR'S SIGN.	ATURE		N	UN SI		ION I	116	1-17	21863
	MAR 22 1994	John Dands	m- forder	lus .							

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		ansit permit.
SALIIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
STATE PECCHES, T.O. BOX 88780,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to but

_		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5 SEY 6 ACC (1) IN THE SECOND SE
		1219-07-7327 1 M 2 WF 99 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Year) Q Q U Country) A J
		9e. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN
2	5	801-Iruman Street Cambridge Dorchester
DIRECTOR	3	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
		Md. Dorchester Cambridge 19 yes 2 NO
FIINERAL		801-Truman Street 2/6/3 10g. CITIZEN OF WHAT COUNTRY?
Ž		# MARITAL CYATIC
P ×		Never Merried 2 Merried 1 Tes 2 Merried If yes, specify Cutsan, Mexicen, Puerto Rican, atc.)
		15. DECEDENT'S EDUCATION SEA DECEDENTS UPUM COCURTOR
COMPLETED		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) Tes. DECEMENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)
AP I		Grade-6 Labor
at on	- 11	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme)
iffed a	1	JONN ENNA S 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Plural Poute Number, City or Town, State, Zip Code)
examiner must be notified at once. TO BE COM		Agnes Cooper 4613-Harrisville Rd. Woolford, Md.
ust b		20e. METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Cemplagy, crematory or other place)
THE T		21. SIGNATURE OF FUNERAL SERVICE LICENSEE
хаші	ł	Danelle C. Denry Henry Funeral Home 510-washington st. Cambridge, Md.
le d		and the disease, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory areas.
the medical		IMMEDIATE CAUSE (Final
=		resulting in death) a. Congestive Heart Gallery
90		DUE TO (OR AS A CONSEQUENCE OF): PRESUMED MY OCHOLIA/ INFARCTION
TOT		Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):
F S	1	CAUSE (Disease or Injury
Injury, or other traumatic event,		that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST
CE, C		d.
-		PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Debat I fated Synto. 24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF PERTOR
shows any : MEDIC.		Recent Von seasis
N Sh		1 YES 2 NO
PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
HYS		1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify)
marked, BY PH		29s. DATE OF INJURY 29s. DATE OF INJURY 29s. TIME OF INJURY AT WORK? 29b. TIME OF INJURY AT WORK? 29b. TIME OF INJURY AT WORK? 1 YES 2 NO
		3 Suicide a Could not be 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office 28f. LOCATION (Street and Number or Rural Route Number,
ETE	ŀ	An OFFICIAL A C
COMPLETED		(Check only The Certify Ting Physician: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner es stated.
	ŀ	MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner as attend. 29b. SIGNATUPE AND TIME OF CENTRIES.
		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
일	1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	-	31. DATE FILED MAGIN, DRY, MAY 100 - 132 RECORDERS SIGNATURE
1		31. DATE FILED WAR 25 94 32. REGISTRAR'S SIGNATURE Funda Son-Pandale:

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Signamed Symmetry Teams Feather 199

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician;
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transpt
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT If Item 28 is marked or Item 23 shows any Injury or other fraumatic event, the medical examiner must be notified at once

FOR STATE REGISTRAR		STATE	OF MARYL	AND / DEPARTMENT CERTIFICATE	MENTAL	HYGIENE REG. NO.
DECEDENT'S NAME (First, M	nald	G.	Clark.	Jr.	2. DATE O MONTH	DAY

		TIEGIOTIBUT			- 01	-111111	IOAIL	. 01	DLA	111	HEG. NO	•		
	J.	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	1	Donald G. Clark, Jr. March 21 1994									2:20PM M			
	- 1	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER			R 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
- 1		150-24-128	6	1 M 2 D F	M 2 DF 74 YRS. MONTHS DAYS HOURS MIN. JULY 7 1919						Not	v Jersey		
		9e. FACILITY NAME (If not ins		treet and number)			9b. CITY,	TOWN C	R LOCAT	ION OF OE			NTY OF DE	
9	Ę	Meridian Nu	nsino	Contonis	ina Chaol	,		Air	iapo.	0: .		Aigi		undal
13	╡┃	RESIDENCE OF DEC	EDENT	ceners	pa creer	2		AVU	щро.	us_		AVU	LE AVI	undel
a Carolina	١	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
2	5	MD	Ann	e Arunde	S.		Arnold					- 1	LIMITS?	
á l a	4	10e. STREET AND NUMBER							ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?
A CHINEDAL		1509 Oakd	ala Ro	ad					21	012			USA	
		11. MARITAL STATUS	ace no		NT, EYER IN U.S. AR	MED	13. V	WAS DEC			IIC ORIGIN? (Specify Yes	or No.		- American Indian,
		1 Never Married 2 💢		FORCES?	YES 2 DATES	O	JI JI	yes, sp	elfy Cub		n, Puerto Rican, etc.)		Black	, White, etc.
3		3 Widowed 4 Divor	rced	1948	MAR OR DATES		'	☐ TES	Z M NO	Specify	<i>i</i> :		Specif	White
6	3	15. DECI	EDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO)N	-	16b. KIND OF BU	SINESS/INC	DUSTRY	
t		Elementary/Secondary (0-	highest grade	College (1-4 or 5	+) (G	ive kind of v Do NOT us	vork done d e retired.)	luring mo.	st of work	ng	İ			
. 5		12		4		ecut	ive. Insu					ısura	nce	
of Once.		17. FATHER'S NAME (First, Mi	ddle, Last)						18. MOT	HER'S NAI	ME (First, Middle, Maiden	Surname)		
را ا <i>وو</i>		Donald G. (Clark.	Sr.					Ma	vraar	et Grover			
TO DE		19e. INFORMANT'S NAME (7)			191	b. MAILING	ADDRESS	(Street a			Route Number, City or Tow	n, State, Zic	Code)	
	2	Jane Sayre	Clark								nold, Mary			12
2	1	204 METHOD OF DISPOSITION OF DISPOSI	ON		20b. PLACE	ANDDATEC	DE DISPOSI	TION /No	me of		OATE 20c 10	CATION -	City or Ton	un State
must be		2 ☐ Donation 8 ☐ Other		ovel from State	cemetery, cre	metory or of	her place	iana	P Co	moto	711 3/29/94	1 AHP	inati	on, Virginia
	j	2) SIGNATURE OF FUNERAL	SERVICE MIC	ENSEE	//	19,0071	22.1	NAME AN	ID ADORE	SS OF FAC	CILITY TOLK M	Taul	an I	uneral Home
examiner		100001	1	41			111	7 10	iha	al Gi	loucester.	C+	lunan	alie un
	-	UNVILA	1.	May 16										occs, mo
Deal.		23. PART I. Enter the di- shock, or he	sesses, or coert failure.	complications the List only one cer	et ceused the de use on each line	eth. Do n	ot enter	the mo	de of dy	ing, such	h es cerdiec or resp	ratory sr	rest,	Approximats Interval Batween
-		disease or condition resulting in death) a. ISCHOMIC NEW T disease Onset and Death Onset and Death												
200		DUE TO (OR AS A CONSEQUENCE OF):												
		Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
ry, or other traumatic		If eny, leading to immediates. Enter UNDERLYII	ilate	00E 10	(OH AS A CONSEC	DUENCE OF	·):							1
	2	CAUSE (Disesse or Injur		OUE TO	(OR AS A CONSEC	CUENCE OF	n.							
		that initiated events resulting in death) LAS1	81	002 10	(On AS A CONSE	JULINCE OF).							i
5 0				d,										
		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY ENDINGS												
TA CICE		BRAIN TUMOR PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAMSE OF DEATHS.												
E C		80171	100	dis	orde	1					1 TES 2	VNO		OF DEATH?
2 2				CUS	orace	Same of					-			1 TYES 2 NO
S N		25. WAS CASE REFERRED TO	MEDICAL					00.50	105.05.5	NE 4711 401				
Ced, or liem 23 snd		EXAMINER?	- medicale	HOSPITAL:	7		OTHER	1:			eck only one)			
5 >	<u> </u>	1 YES 2 XNO			ER/Outpatient 3		4 X Nurs	ing Hom		esidence	6 Other (Specify)			
D G			Pending	28e. OATE OF (Month, E		28b. TIMI INJ	E OF URY		RK?		28d. DESCRIBE HOW I	NJURY OC	CURED	
marked.			nvestigation				М		'ES 2 [NO				
			Could not be	28e. PLACE C building.	OF INJURY — At ho , etc. (Specify)	me, farm, s	treet, lecto	ory, office			281, LOCATION (Street of City or Town, State)	and Number	or Rural R	oute Number,
SZ E			latermined											
2 2			FYING PHYSI	CIAN: To the best of	l my knowledge, de	ath occurre	d at the tie	me, date	end place	, end due	to the cause(e) and mar	mer ee sta	led.	
UKIANI: II IIEM 28 IS		onel									time, date end place, en			end manner se stated.
		29b. SIGNATURE AND TITLE	OF CERTIFIER	111.0	0			1	29c. L/C	ENSE NUM	IBER	29d. DAT	E SIGNEO	(Month, Day, Year)
<u>-</u> -		-Inov	W	Wale	14 W.	11	1			23867				22, 1994
<u></u>	2	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CALL	SE OF DEATH STEE	M 27) (Trope	Print)					1110		, .,,,
	į.	Thomas M. (M. D. 2	69 Poniv	ารบริก	Fan	m Ro	ad .	Arnal	d MD 210	12 14	110-6	47-86001
33. DATE FILED Month, Day York . 32. RECISTRAD'S SIGNATURE A						July 1110 210	. 2 19	10-0	7, 00001					
Thomas M. Walsh, M.D. 269 Peninsula Farm Road Arnold, MD 21012 (410-6) MAR 25 1994 32. REGISTRAR'S SIGNATURE fichia Lavidson-Randam.														
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DIVISION OF VITAL RECORDS, P.O. BOX 6876

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incurs after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		
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	PHYS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ite filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEA	ALTH AND ME	NTAL HYGIENE
CERTIFICATE OF D	EATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
	1. DECEDENT'S NAME (First, Middle, Lest)					2 DATE OF DEATH		3. TIME OF OEATH		
		tewart	Cheno	with		03/15/92	Y YEAR	1:30p m/		
	4. SOCIAL SECURITY NUMBER 216-14-4333	1 X M 2 □ F 7	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mor)th, Day, Year) 09/18/22	8. BIRTI Count	HPLACE (State or Foreign 7y)		
TOR	96. FACILITY NAME (If not institution, give str 814 David Drive RESIDENCE OF DECEMENT	eet end number)		%. city, town of Arnold	OR LOCATION OF DE	DEATH 9c. COUNTY OF DEATH Anne Arundel				
DIRECTOR	10e. STATE 10b. COUNTY	Arundel	10c. CITY, ATNO	TOWN OR LOCAT	ION	10d. INSIDE CITY LIMITS? 1 \(\text{YES} \) YES 2				
FUNERAL	10. STREET AND NUMBER 814 David Drive		101	. ZIP CODE 21012	2	U.S.A.				
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 LYES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		HISPANIC ORIGIN? (Specify Yee or No-Black, White, etc.) Specify: 14. RACE — American Indian, Black, White, etc. Specify: Specify: Specify:				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16e. DECEDENT'S L (Give kind of wo life. Do NOT use	ork done during mo	ON st of working	16b. KIND OF BUSI				
MP	12		Printer	Printing	9					
8	17. FATHER'S NAME (First, Middle, Last)	1	ME (First, Middle, Maiden S	Sumeme)						
BE	John Chenowith				Laura Fi					
2	190, INFORMANT'S NAME (Type/Print)	:+-				oute Number, City or Town,		24.04.0		
	Mrs. Betty Chenowith \$14 David Drive Arnold MD 21012 200. METHOD OF DISPOSITION 2006. PLACE AND DATE OF DISPOSITION / Name of DATE 2006. LOCATION — City of Town, Signe									
	1 Buriel 2 Cremetion 3 Removed Donetion 5 Other (Specify)	val from State	etery, cremetory or oth en Haven	per place)	3-15-94	.1	Burnie, [7.75		
	21. SIGNATURE OF FUNERAL BERVICE LICE	chie Hw								
	* NAUXS/=			Barranc	Funeral	. Home Seve	erna Parl	< MD 21146		
ATION	23. PART I. Enter the diseases, or complications that cased the deeth. Do not enter the mode of dying, such sa cardiec or reapiratory arreat, shock, or heart fellure. List only one cause on each line. Approximate interval Between Onset and Death of the condition of the condition of the condition of the condition of the conditions, if eny, lesding to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:						
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to death bu	it not resulting in	the underlying	g ceuee given in i	Part I. 24s. WAS AN A PERFORM	WED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Che	ck only one)				
SIC		HOSPITAL: 1 Inpatient 2 ER/Outpa		OTHER: 4 Nursing Hom	• 5 Reeldence	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	URY AT RK? 'ES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Fewn, States)								
COMPLETED		IAN: To the best of my knowle I: On the besie of examination						e) end menner ee stated.		
TO BE C	29b. SIGNATURE AND PITTE OF CERTIFIER	melli mo			29c. LICENSE NUM	945	≥ 3/13	(Modern, One, Man) 8/94		
	30. NAME AND ADDRESS OF PERSON WHO	GH, AVY	Ar	MINC	/12 Y	hD	,			
	31. NOTAR 222 1994 32. REGISTRAR'S SIGNATURE Guide Deviden Andre									

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICA	TE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH		3. TIME OF DEATH
	William Raymond Crooks			1994	2215 M
		DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
	186 18 1832. ¹X□ M 2 □ F 79 YRS. MONTH	B DAYS HOURS MIN.	May 8, 19	14 Pen	nsylvania
		TTY, TOWN OR LOCATION OF DE		9c, COUNTY OF	
E E	116 Riverview Road (AT HOME)	Chestertown	1	Queen	
DIRECTOR	116 Riverview Road (AT HOME)		1	- Queen	HILLES
2		N OR LOCATION			10d. INSIDE CITY LIMITS?
_	Maryland Queen Annes	Chestertown	1		1 TES 2 NO
₹	10a. STREET AND NUMBER	101. ZIP CODE			WHAT COUNTRY?
FUNERAL	116 Riverview Road	21620		U.S.	A.
ן הַּן		13. WAS DECENDENT OF HISPAN			CE — American Indian, ck, Whita, etc.
BY	1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 Widowed 4 Divorced	It yes, specify Cuban, Maxica 1 YES NO Specify		Spe	offy:
					ite
TE		ne during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
1	Elementary/Secondary (0-12) College (1-4 or 5+)	ent of Maintenano	o Hoshine	ston Col	1
COMPLETED	12 2 Superintende			gton Col	rege
	William S. Crooks	Helen (ME (First, Middle, Malden	Sumame)	
BE					
유	The state of the s	ess (Street and Number or Rural I			nd 21620
	20e. METHOD OE DISPOSITION 1 Burlet 2 Occemention 3 Removal from State 4 Donation 6 Other (Specify) CTAPPIE	cei atory 03-08-94		CATION City or 1	
		22. NAME AND ADDRESS OF FA		ver, Dela	aware
	1.1 000	Fellows - Wel		Home	21.600
	William L. King	413 W. High 9	St. Cheste	ertown 1	Maryland 21620
	23. PART I. Enter the diseases, or complications that aused the death. Do not en abock, or heart failure. List only one cause on each line.	ter the mode of dying, auci	h aa cerdlec or reapl	retory errest,	Approximete
	IMMEDIATE CAUSE (Finel			1	Interval Between Onset and Death
	disease or condition resulting in death)	cancer (me	testatic)	late.
	DUE TO (OR AS A CONSEQUENCE OF):				1
Z	Sequentially list conditions,				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING				Î
일	CAUSE (Disease or Injury				
Ē	that initiated events resulting in death) LAST				
岗	d				
CAL	PART II. Other algnificent conditions contributing to death but not resulting in the	underlying cause given in			b. WERE AUTOPSY FINDINGS
2	adult onset die betes		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED			1 🗆 YES 2		OF DEATH?
			_		1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Ch	ack only one)		
PHYSICIAN:	EXAMINER? 1 YES 2 MO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 N				
≟	27. MANNER OF DEATH 280. DATE OF INJURY 280. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW IP	JURY OCCURED	
	1 Netural 5 Pending (Month, Dey, Year) INJURY	WORK?			
ЭВУ	3 Suicide 28s. PLACE OF INJURY At home, term, street, t	ectory, office	28t. LOCATION (Street a	nd Number or Rural	Route Number,
TED	4 Homicide detarmined building, atc. (Specify)		City or Town, State)		
COMPLET	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the	o desperado and alama and dur		secession -	
N.	(Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in m				(a) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER				
BE	290. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUM			D (Month, Dey, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	03	3514	3 -	7-94
	Dr. Michael Bienenfeld - Medical Buildin	a - Chastarta		_J 01//	20
-	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	g chesterto	wii, riaryla	and 2162	20
/	31. DATE FILED (MONTH, Day, Year) MAR 10 94 32. REGISTRAR'S SIGNATURE Fund Davidson-Randala	•			
- 2	WAR 10.34				

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR											
1. DECEDENT'S NAME (Firs	t, Middle, Las	ot)						E OF DEATH			3. TIME OF DEATH
Joseph Clemer	nt Crad	dock Jr.		_			Fel	oruary		1994	0700 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) if UNDS						7. DATI	E OF BIRTH			PLACE (State or Foreign
180-24-375	~	1 X M 2 □ F	73_	YRS.	1100000	AYS HOURS MIN.	Men	rch 29, 1		Peni	nsylvania
90. FACILITY NAME (# not #	OWN OR LOCATION OF	DEATH			NTY OF D	EATH					
14574 Foxhole Road (AT HOME) Golts Kent											
10a. STATE	10b. COU			10c. CI	Y, TOWN OR	LOCATION					10d. INSIDE CITY LIMITS?
Maryland Kent Golts 100. STREET AND NUMBER											1 TES 2XXNO
1/57/ 73 1 1 1 7 1										WHAT COUNTRY?	
11. MARITAL STATUS	те ко		T-EVER IN U.S	S. ARMED	13 WM	21637 S DECENDENT OF HISPA	NIC OBIG	IN? (Specify Ver	U.S		- American Indian,
1 Never Married 2 X		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W			If y	s, specify Cuben, Mexic YES 2.2700 Spec	an, Puerto	Rican, etc.)	0, 110-	Black	t, White, stc.
3 Widowed 4 Div		W.W. I				, , , , , , , , , , , , , , , , , , , ,				Whit	e
(Specify on		DUCATION ide completed)	16.	(Give kind of life, Do NOT u	work done duri	IPATION ng most of working	16	b. KIND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 o	· .	Agrono				Agromon	T Pos	roare	sh.
17. FATHER'S NAME (First, A	Aiddle, Last)	<u> </u>		1610110	шьс	16. MOTHER'S N		0		SCALC	.11
Joseph C. C	raddo	ck Sr.				Mary (
19e. INFORMANT'S NAME (19b. MAILING	ADDRESS (S	treet and Number or Rura			n, Stafe, Zip	Code)	
Susanne M.		ock		1457	4 Foxh	ole Road,	Go1t	s, Mar	yland	1 216	537
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION [Name of particles of the property of other place] 20c. LOCATION — City or Town, State											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE William L. King William L. King Millington, Maryland 21651											
23. PART I. Enter the d		201	caused th	e death. Do	not enter the	E mode of dving au	ch as ca	and Z	TOOT	reat	Approximata
ahock, or to	neart fellur	e. List only one one	se on each	lip	19,5,50,000,000,000				Tatoty at	out,	Interval Between Onset and Death
disease or condition_	-	Went	Situ	Pas	F	brillati	iAM				/
resulting in death)	•	DUE TO	(OR AS A CO	NSEQUENCE C	F):	· arean	011	•			
Sequentially list condit	Hone	- Venl	Re Cu	lar	lac	hycard	à.				4 years
If any, leading to imme	diate	Tich	(OR AS A CO	NSEQUENCE O	Pard	i marinha	H				20(00)
CAUSE (Disease or Injuthat initiated events		cDUE TO	OR AS A CO	NSEQUENCE O	E /	corrugação	Will	/			20 gars
resulting in death) LAS	T	· Core	nari	1 A	store	Disea	se				30 years
DART II Other elevitie		_ 0			0						1 0 7
PART II. Other algnific	ent conditi	ons contributing to	deeth but r	not resulting	In the unde	rlying ceuse given is	n Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 TYES 2	NO		OF DEATH?
											1 TYES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL					26. PLACE OF DEATH (C	heck only i	one)	-		
EXAMINER?		HOSPITAL:	ER/Outpatie	m 3 DOA	OTHER:	Home 5 Aceldence					
27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIN	E OF 28	c. INJURY AT	-	ESCRIBE HOW II	NJURY OC	CURED	
1 Natural 5 2 Accident	Pending Investigation	(Month, D	sy, rear)	IN.	M 1	WORK?					
3 Suicide 6	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)										
4 Homicide determined Duilding, atc. (Specify) City or Town, State)											
	Check only 12 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.										
MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(e) and manner se stated.											
MeTO	296. SIGNATURE AND TITLE OF CENTRER 296. LICENSE NUMBER 296. DATE SIGNED (Mg/nth, Day, Year) 297. LICENSE NUMBER 298. DATE SIGNED (Mg/nth, Day, Year)										
30. NAME AND ADDRESS O	30. NAME AND ADDRESS OF PERION WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
31. MATTILED MONACOUR	H.PC	A MEDISTRA	HJH B'S SIGNATU		11. M	11, 403	Ma	rvel	Gru	rt	, taston
31. MARILEO 2010 974 Maril Julia Maria Color Maria Color											

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	mpletely	, cremati	20 is morted as item 22 shows any lighter transmission the medical assumings much be assisted as seen
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH Aloyica	ious Campbel	11 SR.			MONT		"1	3. 1994	10:15 A	
	161-09-9934	161-09-9934 1™ 2 □ F 83 YRS. MONTHS DAYS HOURS MIN. Feb. 8, 191 Pe							Country)	CE (State or Foreign nsylvania	
TOR	96. CITY, TOWN OR LOCATION OF CEATH The Kent & Queen Anne's Hospital Inc. 96. CITY, TOWN OR LOCATION OF CEATH Chestertown 96. COUNTY OF DEAT Kent									Н	
DIRECTOR	Maryland Kent	yland Kent			10c. CITY, TOWN OR LOCATION ROCK Hall			16			
FUNERAL		7184 Rock Hall Road						USA	EN OF WHA	T COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yet if yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 X NO Specify:					a or No- 14. RACE — American Indian, Black, White, atc. Specity: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINES								STRY		
OM	1 2 17. FATHER'S NAME (First, Middle, Last)	3	Engine	er	18. MOTHER'S NA		achin				
BE C	Michael			Mary (Grad	y Cam	pbel	1			
TO E	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD						-		
	Joseph A. Campbell JR. P.O. Box 118 Rock Hall, MD. 21661										
	20a METHOD OF DISPOSITION 1 Description Method Description Descrip	I trom State	ry, crematory or other p	Cemet	ery 2/	/13		cation - ci			
	21. SIGNATURE OF FUNERAL BENVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Helfenbein Funeral Homes. Speer Rd. Chestertown, MD							MD 2			
	23. PART I. Enter the diseases, or comply mone that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. ACUTE NUMBER (STANGER) OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									zwrs.	
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions of ASCUED					PERFORMED?		CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	neck only on	ne)				
Sic		IOSPITAL: Inputient 2 ER/Outpatie		HER:	5 KResidence						
표	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME DF	28c. INJU		28d. DES	SCRIBE HOW I	NJURY OCCL	RED		
В	1 Netural 5 Pending 2 Accident Investigation	28- BLACE OF IN HIDY	***	M 1 🗆 Y	ES 2 ND		12101110		5 15		
ETED	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 288. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 288. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, State)								Number,		
COMPLETED		N: To the best of my knowled On the besis of examination e								d menner ea stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d. DATE	SIGNED (Mo	onth, Day. Year)	
TO B	Jelic Dri				0-13	424		1 2	2-11-94		
F	30. MAME AND ADDRESS OF PERSON WHO C John C. Seymour	MD 122 Spe			ertown,	, MD	2162	0			
15	31. DATE SILED (MONTHS PRY, 1864) JUNE JUNE JUNE JUNE JUNE JUNE JUNE JUNE										

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funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. h. Page 6 may be filled in by the ion, or removal. the cremation and con burlal,

shows any Injury, MEDICAL

PHYSICIAN:

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COMPLETED

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resulting in death) LAST

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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10045 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Elwood Frnest Clough 1994 0645 February 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)
Dec. 15, 8. BIRTHPLACE (State or Foreign 214-12-5411 1 X M 2 - F 79 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH Kent & Oueen Anne's Hospital, Inc Chestertown, Maryland Kent 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? ā Maryland Queen Annes Centreville 1 💢 YES 2 🗌 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? Tillman Terrace Apts. Apt 101 21617 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, alc. Never Married 2 Married BY 3 Widowed 4 Divorced White WW II. 1941-1945 COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only h Plumbing and Electric ntary/Secondary (0-12) College (1-4 or 5+) Plumber / Electrician Contract Work 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joel N. Clough Annie Ware BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Alan Elwood Clough 10 Thompson Drive, Cabot, Arkansas 72023 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Re ersville Cemetery 02-20-94 Sudlersville, Maryland Fellows Funeral Homes. P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ▶William L. King Millington, Maryland 23. PART I. Entar tha diseases, or complications that Approximate shock, or heart fallura. List only ona IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events

PART II. Other significant condition		geti	indegling cause given in	n Part I. 244. WAS AN AUTOPSY PERSONNED?	24b. WERE AUTOPBY FINDINGS ANALABLE PRODIT TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINERT YES 2 NO	HOSBITAL:	26. PLACE OF DEATH (Check only, one) OTHER: OTHER: OTHER: OTHER: OTHER:							
27. MANNER OF DEATH 1 (3 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, War)	385. TIME OF INJURY	38c. SHJURY AT WORK? 1 YES 2 NO	284. DESCRIBE HOW INJURY OCC	BIL DESCRIBE HOW INJURY OCCURED				
5 Suitoide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, street, fa	28f. LOCATION (Street and Number City or Rwin, State)	LOCATION (Street and Number or Rural Route Number City or Rwin, State)					

Z MEDICAL EXAMINEH: On the basis or examination and/or investigation, I	n my opinion, death occured at the time, data and pli	ace, and due to the cause(a) and manner as stated
9b. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUMBER	29st. DATE SIGNED/MOVIN, Day, Mur)

Leon	111	Journa	F	D 31917	2	116/94
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED	USE OF DEATH (ITEM 277 Type	. Prive by a made	- + Dero	- a-01	HEA
GEORGE	M, L	OUNG	CK	enter Tar	- unneg	5.7
31_DATE FILED (Month, Day, Year)	32. REGISTI	RAR'S SIGNATURE				46
FEB 22 94	guia David	bon-Randall				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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director,	fter death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.	
funeral		
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	FOR	STATE OF MA	ADVIAND /	DEDAG	TEREN	r or u	CAITH	AND M	IENTAL HYGIEN	-		
	1 - STATE REGISTRAR	SIAIL OF MI					DEAT		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE OF DEATH			. TIME OF DEATH
								March 1	6 1	994 1	10:10 am M	
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	t birthday)	IF UNDER	DAYS	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHPL Country)	ACE (State or Foreign
	215-20-0024	1 € M 2 □ F	68	YRS.	WONTHS	UAYE	HOURS	MIN.	Oct. 25,	1925	Mary	land
-	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DEA	хтн	9c. COUN	TY OF DEA	тн
	123 Manor Ave, Foxley Manor (at home) Chestertown Ke									ent		
Di Di	10a. STATE 10b. COUNT			Y, TOWN (19	0d. INSIDE CITY	
DIRECTOR	Maryland Ke	nt			Ches	stert	town					YES 2 NO
	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZ		AT COUNTRY?
FUNERAL	123 Manor Ave. F	oxley Mano	r				21620)		1	U.S.A	١.
S	11. MARITAL STATUS	12. WAS DECEDENT !	EVER IN U.S. ARI	MED					C ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TO	OR DATES			1 Yes, spe		specify:	Puerto Rican, atc.)		Constitu	
	15. DECEDENT'S EDU	WII & K		050511710								White
1	(Specify only highest gradi	completed)	(Gh	ve kind of Do NOT u	USUAL O work done se retired.)	during mos	est of working	g	16b. KIND OF BUS	SINESS/INDU	ISTRY	
COMPLETED	7	College (1-4 or 5+)	Me	eter	Read	ler			Delmar	va Po	wer	
O	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	E (First, Middle, Maiden			
BE C	Otto Capel						Emi	.1y B	atchler			
TO B	19a. INFORMANT'S NAME (Type/Print)								oute Number, City or Tow			
=	J. Lee Capel		11	l6 Fa	airvi	lew I	Or. C	hest	er Harbor	Ches	terto	own MD 2162
	20a. METHOD OF DISPOSITION 1 \(\text{D} \) Burial 2 \(\text{Cremation} \) 3 \(\text{Ren} \)	noval from Stata	20b. PLACE A	netony or o	ther placel					CATION — C	77	, Steta
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNE ALL SERVICE LI		Cheste	er Ce	emete	ery				ester	town	
	21. SIGNATURE OF FUNERAL SERVICE L	GENSEE					DADDRES		um 1s Funera	1 Нот	P	
	OPM d	Kong				13 F	ligh	St.	Chesterto	wn. M	D 216	520
	23. PART I. Enter the diseases, Dr shock, Dr heart failure.	complications that c	aused the dec	eth. Do i	not enter	the mod	de Df dylr	ng, such	as cerdiac or respi	ratory arre	st,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel	7	1		1							Onset and Death
	disease or condition resulting in death)	end:	stage	re	nak	cli	500	se				6 months
		DUE TO (O	R AS A CONSEC	UENCE O	F):							
ERTIFICATION	Sequentially list conditions,	b. DUE TO (O	R AS A CONSEO	UENCE O	P.	-						-
₹	If any, leading to immediate cause. Enter UNDERLYING	-			,							İ
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEO	UENCE D	F):							
	resulting in death) LAST	d										
2	PART II. Other algnificant condition	ne contributing to de	eath but not re	sulting	in the un	darivino	cauee o	Iven in P	ert I. 24a. WAS AN	AUTOPSV	24h W	ERE AUTOPSY FINDINGS
MEDICAL	consestive.	heart !				, ,			PERFOR	MED?	Alt	MAILABLE PRIOR TO OMPLETION OF CAUSE
	3								1 _ YES 2	100	1	F DEATH?
2									-]		'	YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Chec	k only one)			
SIC	1 TES 2 HO	HOSPITAL: 1 Inpatient 2 E	R/Outpetient 3	□ DOA	OTHER		5 No.	sidence 6	☐ Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,		28b. TIM	E DF	28c. INJU		1	28d. DESCRIBE HOW II	NJURY OCCU	JRED	
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
							r Rural Roul	te Number,				
COMPL		ICIAN: To the best of my										
8	2 MEDICAL EXAMINI		mination end/or in	rvestigatio	n, In my o	pinlon, de	eath occure	d at the th	me, date end place, an	d dua to the	cause(s) er	nd menner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	A.						NSE NUMB				lonth, Day, Year)
인	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALLES	OF DEATH STEM	27) /3	Drine)		03	335	14	- 3	1-20	0-94
1 11			filem	est (skhe)	e conf							

Dr. Michael Bienenfeld M.D. - Medical Building - Chestertown, Maryland 21620
31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Spirit Spirit

1	-	FOR STATE REGISTRAF
		nediainan
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1 - STATE REGISTRAR		SIMIE UF I	IAN I LAN	CERTIF					MENIAL	REG. NO.	È				
1. DECEDENT'S NAME (Firs	t, Middle, Last)		·						2. DATE O	F DEATH			3. TIME OF DEA	ATH	
Joseph A	. Clan	cey							монтн 03	12		94	4:10	Ам	
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yr	s. last birthday)		DER 1 YEAR	IF UNDER		7. DATE O			8. BIRTH	IPLACE (State or I		
705-05-4	439	M2 F		87 YRS.	MONTH	DAYS	HOURS	MINE.		24-19	06	Countr	Maryland		
9e. FACILITY NAME (If not is	nstitution, give s	treet end number)			9b. Ci	TY, TOWN	OR LOCATIO	N OF DE				INTY OF D			
Moran Ma	nor Nu	rsing Ho	me			Weste	rnpoi	rt			A1	lega:	ny		
10e. STATE	10b. COUNTY	1		10c. CIT	ry, town	OR LOCA	TION						10d. INSIDE CIT	Υ	
MD	A11	egany		C	umb	erlan	nd						LIMITS?] NO	
100. STREET AND NUMBER						-	f. ZIP CODE				10g. CIT	IZEN OF Y	VHAT COUNTRY?		
618 Oldt	own Ro	ad					2150	12			11	.S.A			
11. MARITAL STATUS		12. WAS DECEDEN			1		ENDENT O	F HISPAN		(Specify Yee		14. BACE	- American Inc	ilen,	
1 Never Merried 2 3 Widowed 4 Olw		FORCES? 1 IF YES, GIVE V WW TT	A YES 2				NO XXX NO		n, Puerto Ri ⁄:	can, etc.)		Speci	White		
15. DEC	CEOENT'S EDU	CATION	16:	a. DECEDENT'S	USUAL	OCCUPATION	ON		16b. I	KIND OF BUS	INESS/IN				
(Specify on Elementary/Secondary (ly highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	work don	e durina mo	ost of working	9	14.500						
12	/	nountly (I.m Ot 2)	'	Ma	ater	ials	Cler	k	Bo	olt &	Fore	re P1	ant CSX	T Cor	
17. FATHER'S NAME (First, A	Aiddle, Last)			.10		- W - U	_		_	ddle, Meiden		, L I	dire Con	.1 001	
John Cla	ncev									Riley	,	2000	37		
190. INFORMANT'S NAME (19b, MAILING	ADDRE	SS (Street	and Number			r, City or Town			У		
John Cla													21502		
20s/METHOD OF DISPOSIT	TION		20h PL	ACE AND DATE				VAC		20c. LO					
1 ABuriel 2 Cremetic 4 Donation 5 Other		oval from State	cemeter	y, crematory or c Mary	other plac	Camai	torv		3-1/	C		land			
21. SIGNATURE OF FUNERA		ENSEE		11			NO ADDRES			1 00	mber	Land	, rid		
I (h.	-	7-10		. // -		Scan	rpell	i Fu	neral	Home					
yun	20 7		and	Mh		108	Virg	inia	Aver	nue, C	umbe	rlan	d, MD	21502	
The same of the sa	neart feilure.	List only one cau	se on each	line.						ac or respi	ratory ar	rest,	Approxir Interval I Onset sr	Between	
IMMEDIATE CAUSE (FI	nei	1)	and:	NSEQUENCE O),	1.	11						Uniset si	IG Death	
resulting in deeth)		S. DUE TO	(OR AS A CO	NSEQUENCE O	75	pry	ture.								
	_		0-00-		mo	len	an.	-							
Sequentially list condit		b((OR AS A CO	NSEQUENCE O	NF):		200						-		
If any, leeding to imme ceuse. Enter UNDERLY	ING												j		
CAUSE (Disease or injuthat initiated events	ury	DUE TO	(OR AS A CO	NSEQUENCE O)F):			-	-						
resulting in deeth) LAS	ST .														
		d											-		
PART ii. Other significa	ent condition	s contributing to	deeth but r	not reaulting	in the	underiyin	g ceuse g	iven in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY		
										1 TYES 2			COMPLETION OF		
													OF OEATH?	NO	
25. WAS CASE REFERRED T	O MEDICAL					28. PI	LACE OF DE	ATH (Ch	sck only one))				-	
EXAMINER?		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	ОТН		ne 5 🗆 R	uldence	6 Other	(Specific)					
27. MANNER OF OEATH		26e, OATE OF	INJURY	28b. TIN	IE OF	28c. IN.	JURY AT			RIBE HOW IT	JURY OC	CURED		\dashv	
	Pending Investigation	(Month, D	ay, Year)	IN	JURY M		ORK? YES 2	NO						- 1	
2 Accident 3 Suicide		28e. PLACE O	F INJURY —	At home, ferm,	straot, fo				26f, LOCAT	TION (Street e	nd Numbe	r or Rumi F	Route Number.		
4 Homicide	Could not be determined	building,	etc. (Specify)			,			City or	Town, State)	100000				
290. CERTIFIER 1 X CER	TIEVING BUVE	CIAM- To the book of							The etc.						
		CIAN: To the best of													
		R: On the besie of e	Author en	over investigation	on, i n m y	y opinion, o	estri occuri	od at the	time, date e	nd place, en	due to t	he cause(s) end menner ee	stated.	
29b SIGNATURE AND TITLE	E OF CERTIFIER						29c. LICE	NSE NUN	ABER		29d. DAT	E SIGNED	(Month, Day, Year)	
	Jeen	~ / ·					2	2/2	44			3/1	J/54		
30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)										
Dr. Jesu		M.D. F	costbu	rg Pla	za.	Fros	tburg	. M	D 21	532					
31. DATE FILEO (Month, Day,	Year)	32, REGISTRA	B'S SIGNATU	RE											
MAR 1	U 1994	Jalies	-	facul											

TO BE COMPLETED BY FUNERAL DIRECTOR

Mary Control of the C

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

T4001 #6

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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

_	REGISTRAR			EHIIF	CALE	UF	DEAL			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Leo Bertrand	Crites							2. DATE OF MONTH Marc		W 700	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	and black do a							1 2 3		11:14 pm
	220-30-8723	1 🔀 M 2 🗆 F	8 9	YRS.	IF UNDER	DAYS	IF UNDER HOURS	MIN.	7. DATE OF (Month, D	BIRTH ley, Year) 2 1	904	8. BIRTI	HPLACE (State or Foreign try) Virginia
	Sa. FACILITY NAME (If not institution, give s	treet and number)										NTY OF C	
SH	Devlin Manor	Nursing	Home				erla				A.5		any
DIRECTOR	RESIDENCE OF DECEDENT				ATT							0 9	ang
뿐	10e. STATE 10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?
	MD Alle	qany		Lav	ale					1 TYES			1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?		
ÿ.	10120 Mockingb				21	502		USA					
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED NO					IIC ORIGIN? (or No-	14. RAC	E — American Indian, ik, White, atc.
BY	3 Wildowed 4 Divorced		AR OR DATES				2 NO			, 600.		Spec	
	15. DECEDENT'S EDUC	CATION	100.0	ECEDENTIC	1	201101710			T-100 100				nite
COMPLETED	(Specify only highest grade	completed)		ECEDENT'S Give kind of v b. Do NOT us	vork done d			g	16b. KI	ND OF BUS	INESS/INC	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)										
S	17. FATHER'S NAME (First, Middle, Last)		re	tire	d p	res	iden	+	ME (First, Mide		ansf	or	Cov
							_				Sumame)		
B	198. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRESS	(Street a			(Pra		Chain 7/c	Code	
임	Doris	D = 1- 4 t											1500
	20a. METHOD OF DISPOSITION	Robinet		AND DATE				ira	Lane		TE I		
	1\(\overline{A} \) Buriel 2 \(\overline{A} \) Cremetion 3 \(\overline{A} \) Rame 4 \(\overline{A} \) Donation 5 \(\overline{A} \) Other (Specify)	oval from State	cemetery, cr	rematory or of	her place)				1				0.000
	21. SIGNATURE OF FUNERAL SERVICE LIC		HILL	crest	22. 1	NAME AN	D ADDRES	S OF FA	3/18.			Lano	MD
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i	GOVET X	Cary	RELL		C·	umb	erla	ind,	Mary	ylan	d 2	2150	2
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between												
1													
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death Clettrolyte Ignal Invaliance of the consequence of the consequen												
	DUE TO (OR AS A CONSEQUENCE OF												
8	Sacreptially the condition b. Thatratiety												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	any, leading to immediate											
윤	CAUSE (Disease or injury that initiated events	OUE TO (DR AS A CONSE	QUENCE OF):	-							- y-
E	resulting in death) LAST	. 5	Buil	RE	1	-							
뜅							~ (21	4					17
4	PART II. Other algorificant condition	contributing to	deeth but not	reaulting i	n the un	derlying	ceuse g	iven in	Part I. 24	a. WAS AN		24b	WERE AUTOPSY FINDINGS
EDICAL	pr repened	Bouch	ment						1	YES 2			COMPLETION OF CAUSE OF DEATH?
									_				1 YES 2 NO
ž													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE DF DE	EATH (Che	ock only one)				
VS.	1 TES 2 HO	1 Inpetient 2	ER/Outpatient	3 🗆 DOA	OTHER 4. Wurs		5 🗆 Rei	sidence	6 Other (S	pecify)			
PHYSICIAN: M	27. MANNER OF DEATH	28s. DATE OF I (Month, Da	NJURY y, Year)	28b. TIMI		28c. INJU	JRY AT		28d. DESCR	BE HOW IN	JURY OC	CURED	
à	1 Natural 5 Pending 2 Accident Investigation				М		ES 2 _	NO					
	3 Suicide 8 Could not be	26s. PLACE OF building, s	INJURY — At he rtc. (Specify)	ome, farm, s	treet, facto	ory, office	1		28t. LOCATIO	ON (Street a	nd Number	or Rural I	Route Number,
	4 Homicide datarmined												
3	29a. CERTIFIER (Check only	CIAN: To the best of r	ny knowledge, d	eath occurre	d at the ti	me, dete	and place,	and dua	to the cause(s) and men	ner as stat	ed.	
COMPLETED	one) 2 MEDICAL EXAMINE												a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUM	IBER		29d, DATI	E SIGNED	(Month, Day, Year)
BE	AJB	Mino					D		-65			2	5194
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITE	M 27) (Type,	Print)								- ' /
	AJBIllino	955 F	roder	ch	51	_	Cu	116	er 12 h	L	n_{1}		1502
ı	31. DATE FILED (Morith, Day, Year) MAR 18 1994	32 REGISTRAF	'S SIGNATURE					771					
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31. DATE FILEO (Month, Day, Year)

3/22/94

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

	1 - FOR STATE REGISTRAR	STATE OF N	/ IARYLAND Ce		TMENT O				HYGIEN REG. NO				
1	t. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH	
	BENJAMIN EUGENE	CRTSS						03	1 9		YEAR	2.55 p. M	
3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF			9.4 0. BIRTH	1PLACE (State or Foreign	
1 9	101 1/ 0//0	1 😡 M 2 🗌 F	72	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, E		102	Counti	(17)	
	98. FACILITY NAME (If not institution, give si	Δ.		9b. CITY, TOWN OR LOCATION (JULY	15	192		JNKNOWN	
l or	Su. Prodelit Hame (II not matterion, give s	reet and number)			96. CITY, 104	WN OR LOCAL	TION OF D	EATH		9c. COU	NTY OF D	PEATH	
0	RESIDENCE OF DECEDENT	PITAL			CUMB	ERLANI)			ALL	EGAN	Y	
입	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY		
DIRECTOR	PENNSYLVANIA	BEDFOR	n		HYNI							LIMITS?	
	10s. STREET AND NUMBER	DEDI OR			111111	10f. ZIP CO				t TYES 2 NO			
A A	P. O. BOX 151				⁵ 5545					WHAT COUNTRY?			
FUNERAL						1.	7343			U	S	A	
15	11. MARITAL STATUS	12. WAS OECEDEN FORCES? 1	EVER IN U.S. AR	MEO IO				NIC ORIGIN? (an, Puerto Ric		or No-		E — American Indian, k, White, atc.	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	W TI	1 1 🗆	YES 2 NO	Specif	fy:			Spec	thu:	
			- 17	и ті								WHITE	
TED	15. DECEDENT'S EDUC (Specify only highest grade		/G	ve kind of t	USUAL OCCUP work done during		dng	16b. K	IND OF BU	SINESS/IND	USTRY		
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A P	11		F	BRAK	EMAN				RAI	LROA	D		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					te. MOTHER'S NAME (First,				Surname)			
ш	BENJAMIN FRAN	K CRI	SS			AI	LICE				D.	AVIS	
8	19e. INFORMANT'S NAME (Type/Print)				AOORESS (Str								
2	ROBERT E. CRIS	S	5	03 I	EAST (COLLE	GE S	ST. W	AYNE	SBU	RG,	PA 15370	
	20s. METHOO OF DISPOSITION 1 X Burlel 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval from State			OUNTY		PAR	oate	20c M	ORGA REEN	N°T	ÖWNSHIP OUNTY, PA	
	21. THOMATURE OF FUNERAL PERVICE LIC	ENSEE	N -		22 NAM	E AND ADDR	EGG OF E	CHITY	0.				
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	23. PART I. Enter the diseases, or o	complications that	csused the de	sth. Do i	not enter the	mode of d	ying, suc	h ss cardle	c or respi	iratory sri	rest,	Approximate	
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1 1	disease or condition	aud	tlac (in	7								
1 1	reaulting in death)		OR AS ACONSEC	DUENCE O	n: (
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	Sequentially list conditions, Dury of or as a consequence of:												
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ICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	. (Ta	ucreat	i tis									
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L CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	i Lis	F):		given in	Part I. 2	4a. WAS AN	ALITOPSY	244	WERF ALITOPS V EINDINGS	
ايا	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	i Lis	F):		given in	Part I. 2	4a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPRESSION DE CAUSE	
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SICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition Me So Hall (MA) 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO d. s contributing to 2. Plui HOSPITAL: 1 1 Inputent 2	death-but not r	DOA 28b. TIM	orner:	8. PLACE OF Home 5 1	DEATH (C)	neck only one)	PERFOR	NO NO		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
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ETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition Comparison of the condition	DUE TO d. s contributing to 2. Plui HOSPITAL: 1 Inputent 2 28a. DATE OF (Month, D) 28a. PLACE O building,	death-but not r COLO ER/Outpetlent 3 INJURY INJURY — At ho atc. (Specify) my knowledge, de	DOA 28b. TIM	or HER: 4 Nursing E OF 28c JURY M 1 street, factory,	8. PLACE OF Home 5 16. INJURY AT WORK? YES 2 office	DEATH (C/	8 Other (3 28d, DESCR City or	PERFOR YES 2 Specify) RIBE HOW I ION (Street town, State)	NJURY Oct	or Rural I	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? t	
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ETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other aignificant condition PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) MEDICAL EXAMINE	DUE TO d. s contributing to 2. Plui HOSPITAL: 1 Inpetient 2 28e. PLACE OF (Month, D 28e. PLACE OF building,	death-but not r COLO ER/Outpetlent 3 INJURY Ny, Year) F INJURY — At ho atc. (Specify)	DOA 28b. TIM	or HER: 4 Nursing E OF 28c JURY M 1 street, factory,	8. PLACE OF Home 5 1 NJURY AT WORK? YES 2 office data and place	DEATH (C) Residence No No	s Other (3 28d, DESC! City or	PERFOR YES 2 Specify) RIBE HOW I ION (Street town, State)	NJURY OCI	CURED or Rural I	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? t YES 2 NO Route Number,	

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	1 - FOR STATE REGISTRAR	STATE OF M					ALTH AN		NTAL HYGIEI	_			
	1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH		VEAR	3. TIME OF DEATH	
	Marian I.	To dillustration of the state o									994	1:00 a.m	
	213-50-2188	1 M 2 X F	5. SEX 6. AGE (In yrs. last birthday) F UNDER 14 ARS. 7. DATE OF E (Month, De Mar. 2 X F 5 2 YRS. MONTHS DAYS HOURS MIN. MAR. 2								Country)		
- (1	9a. FACILITY NAME (If not institution, give	X	52	1110,	9b. CITY	TOWN OR	LOCATION C				MTY OF DEA		
OR	16012 Rawlings Heights Drive SW Rawlings Allegany												
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	gany	-	10c. CIT Raw	y town o	R LOCATIO	N				Ť.	10d. INSIDE CITY LIMITS?	
ERAL	100. STREET AND NUMBER 16012 Rawlings	Heights	Driv	e SW		10f. Z	2155	57		USA	IZEN OF WA	NAT COUNTRY?	
B	t1. MARITAL STATUS X Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X	RMED NO	1	f yes, speci		exican, P	ORIGIN? (Specify Yourto Rican, atc.)	s or No—	14. RACE - Black, Specity WN1	American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2	S USUAL OCCUPATION working less retired.) 18b. KIND OF BUSINESS/INDUSTRY less retired.) 1. Ker OWN home											
OM	17. FATHER'S NAME (First, Middle, Last)		1101	incina	71.01	T	8. MOTHER	S NAME	(First, Middle, Maide		nic		
BE C	Paul G. Campbe	11				1	Mary	Sc	ollars				
TO B	19a. INFORMANT'S NAME (Type/Print) Paul W	Campbell							Number, City or Too New Mar			1774	
	20a. METHOD OF DISPOSITION 2 Burlal 2 Cremation 3 Ren 4 Donation 8 Other (Specify)		20b. PLACE cometery, cre Deer	and date of the land of the la	of bisposi ther plece) Ceme	tery	e of	3			city or Tow		
	21. SIGNATURE OF FUNERAL SERVICE LI	Z M	com	ell					Teral H Marylan		1502		
	23. PART I. Enter the dieeesea, or ehock, or heart fellure.	complications that	caused the de	eath. Do r	not enter	the mode	of dying,	such a	a cardiac or res	olratory an	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	· Ri	sbin	at	D.T	(2 au	0	are			Onset and Death	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	b. Ca & OUE TO (C	OF AS A CONSE	Q Q OUENCE OF	156	aic	with	he	p-le	ura	251	2720	
SERTIF	that initiated events resulting in deeth) LAST	d	OR AS A CONSE	2 C	7:	le	101	for	5 ().				
MEDICAL	PART II. Other significent condition	ne contributing to d	death but not	reculting	in the un	derlying o	ceuse give	n in Per		RMED?		NERE AUTOPSY FINDINGS NAMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER	t:			Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF t (Month, Day		28b. TIM		28c. INJUR	TA Y		d. DESCRIBE HOW	INJURY OC	CURED		

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25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED t Natural
2 Accident t YES 2 NO Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide

29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the h

2 MEDICAL EXAMINER: O 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

902 Seton Drive, Dr. John Mehanna, Cumberland, MD 21502

3t. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

> Davidson-Randall Julia

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	at the death certificate be executed within
AL RECO	ne law requires that
OF VIT	PHYSICIAN: Th
DIVISION	OR ATTENDING

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the recent feath. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR			C	EHILL	ICALL	E OF	DEA	111		REG. NO.				
	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE	OF DEATH		WE AR	3. TIME OF OEATH	
	GERARD	C.	DOYLI	Ξ							CH 16,		YEAR 4	8:00 A M	
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
	076-07-9529	9	1 ₩ 2 □ F	81	YRS.	MONTHS	DAYS	HOURS	MIN.		15, 1	912	NEW	YORK	
	Se. FACILITY NAME (If not is				9b. CITY, TOWN OR LOCATION OF						10, 1		9c, COUNTY OF DEATN		
E I	HOLY CROSS	носртт	AT			C.	TT 37E	R SP	DINC			M	ONTO	OMEDN	
DIRECTOR	RESIDENCE OF DEC		AL			5	TLVE	K SF	KING		MONTGOMERY				
Ä	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?	
5	MARYLAND	МО МО	NTGOMERY	7	S	ILVE	R SP	RTNG						1 YES 2 NO	
4	10e. STREET AND NUMBER							. ZIP COD				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	14508 HOME	CREST R	OAD										1	USA	
5	11. MARITAL STATUS	I	12. WAS DECEDEN	T EVER IN U.S.A	RMED	13.	WAS DEC	ENDENT	OF NISPAN	VIC ORIGIN	? (Specify Yes	or No-	14. RACE	- American Indian.	
	1 Never Married 2		FORCES? 1	YES 2	NO			2A NO			Rican, etc.)		Speci	t, White, atc.	
BY	3 Widowed 4 Dive	becord						116	apoon					ITE	
		EDENT'S EDUC		16e. D	ECEDENT'S	USUAL O	CCUPATI	ON		16b.	KIND OF BUS	INESS/IN			
	Elementary/Secondary (ly highest grade c 0-12)	College (1-4 or 5		Bive kind of a. Do NOT u	work done se retired.)	during mo	ast of works	ng						
로	12				TAUR	ANT (JUNE	R							
COMPLETED	17. FATHER'S NAME (First, A	fiddle, Lest)		1 1111					HER'S NA	ME (First, A	fiddle, Meiden	Surname)			
_	EDWARD	DOYLE			MARY DECKERMAN										
E E	19a. INFORMANT'S NAME (11	Db. MAILING	AODRES	S (Street e				per, City or Town		in Code)		
2	ELIZABETH 1				808									ND 21701	
	20a. METHOD OF DISPOSIT			20b. PLACE					UUKI	DATE			City or To		
	1 N Buriel 2 Crematic		vel from State	cemetery, cr	ematory or c	other place)	T OF	ME OF	D 37						
	21. SIGNATURE OF FUNERA		NSEE _	GALE	UF H		_	ND ADDRE		\$/ 13	ISIL	VER	SPRII	NG, MARYLAND	
	01	1	- 0								FUNE	RAL	HOME.	INC.	
	12060	rt C.	Kan	usel										,MD.20901	
CERTIFICATION	IMMEDIATE CAUSE (Fit disease or condition resulting in desth) Sequentially list condit if sny, leading to immercause. Enter UNDERLY CAUSE (Disease or injutnat initiated events resulting in desth) LAS	tions, diate in c.	DUE TO	COR AS A CONSE	PAR EQUENCE O	ARROST DUENCE OF: ARTERY DISEASE YR. DUENCE OF):								Minutes 4RS	
MEDICAL	Congest	e !e						Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHTSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?		HOSBITAL					LACE OF E	DEATH (Ch	eck only on	0)				
2	1 TYES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	4 Nu		10 5 🗆 R	esidence	6 🗆 Othe	r (Specify)				
	27. MANNER OF DEATN		26a. DATE OF (Month, D	INJURY	28b. TIR	IE OF		URY AT		28d. DES	CRIBE HOW I	NJURY O	CURED		
- 1	1 Netural 6 2 Accident	Pending Investigation	[month, D	ay, rousy	,	M	1 🔲] NO						
9		Could not be	26e. PLACE C	F INJURY — At h	ome, farm,	street, fac	tory, offic				ATION (Street I	and Numbe	or or Rural F	Route Number,	
3	4 Homicide	datermined	bullding,	etc. (Specify)						City	or Town, State)				
JMPLE	and .		IAN: To the bast of) and manner as stated.	
3	296. SIGNATURE AND TITE	E-OF CERTIFIER		1				29c, LIC	ENSE NUI	WBER		29d. DA	TE SIGNED	(Month, Day, Year)	
0	11/1/2	5-		1 -	me	1		1	155	-17		13	1/6/	94	
2	SO NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAU	SE OF OEATH (IT	EM 27) (Type	s, Print)		0				1	19	//	
	K.T. Be	nach	TMO	4115			nn	111	60	T	md	1 2	sant		
	31. DATE FILED (Month, Day,	Year)	32, REGISTE	R'S SIGNATURE	201	10 1	116.	w	neu	100	1110	occ	100		
	MADO	1994	Julia No	vidson-Ra	ndell										
	MAR	1334	7	14001 - 1											
														OHMH-16 Rev 1/89	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR with certificate has been soften by the thinding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:	after death. Page 6 may be retained by the hospital or attending physician.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in being a complete	by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should
	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF OEATH	
	Eleanor Jane Da	lev			March 22,	1994 YEAR 3.30 M			м	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPI	ACE (State or Foreig	in
TOR	215-26-7903	t 🗆 M 2 🔀 F		MONTHS DAYS	and					
	9s. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE	1-20-1931 EATH	9c. COUNTY	-		
	Carroll County Ger	neral Hospi	Westminster Carroll						\Box	
3EC	10s. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	TION			10	d. INSIDE CITY	\neg
FUNERAL DIRECTOR	Maryland Car	Wes	tminste					LIMITS?	6	
ERAI	942 Leister School	ol Rd.			21157		U.S.		AT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED			NIC ORIGIN? (Specify Ver		RACE -	- American Indian,	\dashv
BY F	1 Never Merried 2 XMsrried 3 Widowed 4 Divorced	FORCES? 1 TYES			ecify Cuben, Mexica 2 NO Specifi	in, Pusito Rican, etc.) y:			White	
TED	t5. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S I	JSUAL OCCUPATION done during months of retired.)	ON st of working	16b. KIND OF BU	SINESS/INDUS	TRY		\dashv
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		sewife						
№	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)			\dashv
	Donald Beaver				Mary Bo					- 1
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street of		Route Number, City or Tow	n. State. Zio Co	ode)		\dashv
5	Joseph P. Daley					d., Westmir			21157	
	20e. METHOD OF DISPOSITION t	ovet from Stats	POB. PLACE AND DATE Of the semetery, crematory or off	ner place)		1	CATION - City			\dashv
	4 Donatton 5 Other (Specify)		Krider's C			3/26 We	stmins	ter,	Md.	3
4	Name of the service de	TAH				cury cher & Son				
	23. PART i. Enter the diseeses, or o	complications that cause	sed the deeth. Do o			t. Westmin				_
	shock, or heart failure. I	List only one cause or	each line.		de or dynig, add	1			Approximate interval Betw Onset and De	reen
	disease or condition resulting in death)	7 0	sural	ony	ae	rdos	Là.		Non	1
	Tooding in down,	DUE TO (OR A	SA CONSEQUENCE OF	:		17	7	,		3
Z	Commontlette that annulations	serve	e et	ron	LC O	lastr	uell	ne		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR A)	A CONSEQUENCE OF	4		1	-			
2	CAUSE (Disease or injury		pue	mo	nau	1 disc	as	-	yea	14
는	that initieted events	DUE TO (OR A)	S A CONSEQUENCE OF	K.	0					
H	resulting in death) LAST									
	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
DICAL	20 y per	tensi	on	•		PERFO		AV	MILABLE PRIOR TO	22
ED	+1					1 YES 2	NO		F DEATH?	
Σ								,	YES 2 NO	- 1
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	eck nath one)				
PHYSICIAN: ME	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 nos	OTHER:						\dashv
Ξĺ	27. MANNER OF DEATH	28s. DATE OF INJUR			URY AT	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUP	RED		\dashv
	1 Netural 5 Pending	(Month, Day, Yea	r) INJR	JRY WO	YES 2 NO					- 1
BY	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJU	IRY — At home, term, st			26t. LOCATION (Street	and Number or	Rurai Rou	te Number.	$\overline{}$
COMPLETED	3 Suicide 6 Could not be determined 28s. PLACE OF thJURY — At home, term, street, factory, office building, stc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Yown, Stete)									
٦	29s. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kn	owledge, death occurre	d at the time, date	end place, and due	to the cause(s) and me	nner es stated			
Ž	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. Check only one 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI					\dashv
띪	I sharm	17 AL			1) 14	49>	DATE S	7	lonth, Day, Year)	1
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM-97) (Type.	Print)	1	1/5	(4	- 1	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM AT) (TYPO, Print) ESHPAIN BARZACA NEW VINCSOR, Md 21770									
	31. DATE FILED (Month, Day, Voor) NAR 2 4 94 The day of the day o									
		141								

e e	
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SUNC: 57	
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2	
certificate	
death	
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The	
46 PHYSICIAN: The law requires that the death certificate be executed within 24 yours after dea	
품	
5	

1 Addit

DATE FILED (Moriti, Day, 1987)
MAR 1 6 1994

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF M) / DEPAR CERTIF					MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							- I		2. DATE OF DEATH			3. TIME OF DEA	TH
			zabeth		Morris		Dou	ıglas		March 14, 1994		4 YEAR	0620	Ам
			5. SEX	6. AGE (In yrs.			R t YEAR	IF UNDER		7 DATE OF BIRTH		8. BIRTHI Country	PLACE (State or F	foreign
	2.0 11 1110		1 M 2 A F	70 YRS.		MONTHS	DAYS:			May 15,	1923	Country	" MD	
	9a. FACILITY NAME (If not institution, give street and number)				(4	9b. CITY	Y, TOWN C	OR LOCATION	ON OF OE	ATH	9c. COU	NTY OF OE	EATH	
6	(HOME) 518		Road			Sal	.isbu	ıry			Wic	omico)	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	ν		10c. CIT	y TOWN	OR LOCAT	TION					10d. INSIDE CIT	2
	MD	Wic	comico		127	.,	bury					- 1	LIMITS?	
	10e. STREET AND NUMBER							. ZIP CODI	E		I 10g CIT		1 YES 2 THAT COUNTRY?	NO
H.	518 Plover	Dood						218			log. cm			
BY FUNERAL	11. MARITAL STATUS	ROAG	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC		-	IIC ORIGIN? (Specify Yes	a or No	_	American Indi	lan
F	1 Never Married 2		FORCES? 1 IF YES, GIVE W	YES 25	NO NO		If yes, spe	ecity Cube	m, Mexicar	n, Puarto Rican, atc.)	- or No-	Black,	, White, atc.	ian,
	3 Widowed 4 Divo	rced					1 11 1123	* [] NO	эресну	,	i	Specify	Black	
COMPLETED		EDENT'S EDUC		16a.	DECEDENT'S	USUAL C	CCUPATIC	ON lest of workly	na	166. KIND OF BU	SINESS/IND	DUSTRY		
9	Elementary/Secondary (0		College (1-4 or 5 +	•)	Iffe. Do NOT us	se retired.)								
₹ E	12		Unknown		F'000a	Pre	para	tion		Campbe	ell So	oup C	lo	
8	17. FATHER'S NAME (First, M							18. MOTI	HER'S NAM	ME (First, Middle, Maiden	Sumame)		-	
H	Isadore Mor				_			OD	essa	Gaines				
5	Robert Doug									Route Number, City or Tow				
.									e - :	Salisbury,				
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State													
		Green Acres Memorial Park 3/19 Salisbury, MD												
	Fooks						LOOKS			Service				
	Sussel									ella Stree			bury, M	D
	23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final A Onest and Dark													
	disease or condition a													
	DUE TO (OR AS A CONSEQUENCE OF):													
S	Sequentially list conditions,													
CERTIFICATION	th any, leading to immediate cause. Enter UNDERLYING													
윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
E	resulting in death) LAST													
B	d													
A P	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
용	COMPL							AMILABLE PRIOR COMPLETION OF						
Ä		Inem	ra.									- 1	OF DEATH?	NO
ä	1 765 2 NO													
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home Residence 8 Other (Specify)													
E	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c.					28c. INJI	28d. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?							
ВУ							WORK? 1 YES 2 NO							
		Could not be	28e. PLACE Of building,	F INJURY — At atc. (Specify)	home, farm, a	treet, fact	et, factory, office 281. LOCATION (Street and City or Town, State)				d Number or Rural Route Number,			
	4 Homicide	determined								ony or rown, oraco,				
COMPLETED	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the beat of	my knowledge,	death occurre	d at the I	lme, date	and place,	, and dua !	to the cause(a) and mar	nner sa stati	ed.		
8	(Check only one) 2 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the lime, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
ш	29b. SIGNATURE AME TITLE OF CERTIFIER						29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
9	Tollequench D29/05 3/13/44													

HUDDIESTON, M.D. 1000

DIVISION OF VITAL RECORDS, P.O. BOX 68760, W. BALTIMORE, MA	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	ed by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	uld be detached for use as the burial-transit permit.
IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	ed at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S HAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
, J	Raymond	5.	75	SHIELDS	MONTH DAY	YEAR YEAR	2225	- 4
	4. SOCIAL SECURITY HUMBER	5. SEX		INDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH		PLACE (State or Foreig	10
	214-03-45-93	121 12 DF 85	YRS. MON	THE DAYS HOURS MIN.	Feb 22, 190	Country		
_	9a. FACILITY NAME (If not institution, give st	reet and number)	9b.	CITY, TOWN OR LOCATION OF D	EATH 9	c. COUNTY OF DI	ATH	
6	PENINSULA RECTONA	L MEDICAL CE	NTER	SALISBURY		WIC	OMICO	
DIRECTOR	10a. STATE 10b. COUNTY	merset		WN OR LOCATION			10d. INSIDE CITY LIMITS?	
	10e. STREET AND HUMBER	2	1	101. ZIP COOE	16	og. CITIZEN OF W	HAT COUNTRY?	
FUNERAL	20/10	Barnes Ro		2187	/	U.). A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 MO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puerto Ricen, atc.)		- American Indian, White, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade	HOITA	16a. DECEDENT'S USUA		16b. KIND OF BUSINE	ESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use retii	/		, /	,	- 1
릴	Elem.		Tracksn	manl	Penn. Ro	ailroad		
S	17. FATHER'S HAME (First, Middle, Last)				AME (First, Middle, Meiden Surr	name)		\neg
	George Deshi	ields		Emm	1. 11.	15		
BE	19a. IHFORMANT'S NAME (Type/Print)	-100	19h MAII ING ADD	RESS (Street and Number or Rural		Vanta Tin Contail		\dashv
입	Raymond Des	hields	30495	- Sam Bar	.0.1	1	md. 218	7/
	20a. MEDIOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remo		PLACE AND DATE OF DIS	SPOSITIOH (Name of	DATE, 20c. LOCAT	ION - City or To		
- 1	4 Donation 8 Other (Specify)		James 4	M.C. Lemotary		toser,	ma.	_
	21. SHIPATOPE OF LINERAL SERVICE LIC	ENSEE		LEWIS N. W	ATSON FU.	NERAL	- Home	
	2	\triangleleft		1618 West	- Rd. Sal	sbury,	md. 218	109
	23. PART i. Enter the diseases, or c	omplications that caused List only one cause on as	the deeth. Do not e	nter the mode of dying, au	ch as cardiac or respirate	ory arrest,	Approximate	
	IMMEDIATE CAUSE (Final	ist only one cause on as	Cn lina.				Onset and D	
	disease or condition	R ₂	EUMONIA	Δ			DAVE	
	resulting in death)		CONSEQUENCE OF):	J			1 773	-
_		Lu	NG MA	SS - PROBAC	LE CAPCIA	10 MA	MONTH	
<u> </u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	- THOOME	JAL STREET		110017	1.5_
CERTIFICATION	cause. Enter UNDERLYING						ļ	
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
ե	resulting in death) LAST	4						
5								
A	PART ii. Other significant condition:			e underlying cause given in	Part I. 24a. WAS AN AUT		WERE AUTOPSY FINDS	NGS
읡	De	HYDRATION	V		1 D YES 2 K	(NO	COMPLETION OF CAUS OF DEATH?	SE
WE							1 YES 2 NO	- 1
ž								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C	heck only one)			
Sic	1 YES 2 HO	HOSPITAL: □ Inpatient 2 □ ER/Outpe	Hant 3 DOA 4 D	HER: Hursing Home 5 - Residence	6 Other (Specify)			
主	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJU	IRY OCCURED		
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK7 M 1 YES 2 NO				- 1
ē	A - A	26a. PLACE OF IHJURY	— At home, farm, street	, factory, office	261. LOCATION (Street and	Number or Rural R	Pouda Mumber	
COMPLETED	4 Homicide 8 Could not be	building, etc. (Special	(y)		City or Town, State)			
"	29a. CERTIFIER					-0.000		
ఠ	ana)			the time, data and place, and du				
ğ	2 MEDICAL EXAMINE	A: On the basis of examination	and/or investigation, in	my opinion, death occured at the	e time, data and placa, and di	ua to the cause(s)	and manner as state	d.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	11		29c. LICENSE NU		d. DATE SIGNED	(Month, Day, Year)	\neg
	Korold F.	wfu.		D36	576 1	3/1	5/94	
임	30. NAME AND ADDRESS OF PERSON WHO		TH (ITEM 27) (Type, Print)		/	/	
	RONAND	P. TRAVI	TZ MD	560 Rim	raide DR	. SALI	SBURY A	W
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNA	TURE					
	MAR 1 6 1994	32. REGISTHAR'S SIGNA	on-Handell	<u></u>				

10

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Neuman B. Daisey 2. Date of Death Month DAY YEAR 1740 F, M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) F UNDER 1 YEAR F ONDER 24 HRS. T. DATE OF BIRTH S(Morth, Day, Near) 1 M M 2 F 66 YRS. NonTHS DAYS HOURS MN. 1927 Virginia							
TOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO							
DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY LIMITS? 1 107 YES 2 10 NO							
FUNERAL	3624 Ridge Road 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? U. S. A.							
B≺	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. RACE — American Indian, Black, White, etc. 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)							
COMPLETED	18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Government Sovernment							
BE CON	17. FATHER'S NAME (First, Middle, Last) John Walter Daisey 18. MOTHER'S NAME (First, Middle, Meiden Surname) Beatrice Birch							
10 8	196. MALINO ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) Ernestine Daisey 196. MALINO ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 3624 Ridge Road, Chincoteague, Virginia 233336							
	20b. PLACE AND DATE OF DISPOSITION (Name of Competence of Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Competence of Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Competence							
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. SIGNATURE AND ADDRESS OF FACILITY Home Chincoteague, Virginia 23336							
	23. PART i. Enter the diseasea, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart feliure. List pnly one ceuse Dn eech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate Interval Between Onset and Daath							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL (PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
	1 YES 2 NO 1 Notering Home 5 Residence 6 Other (Specify) 17. MANNER OF OEATH 1 Netural 5 Pending 1 Netural 5 Pending 1 Notering Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK? 1 Notering Home 5 Residence 6 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED 1 Notering Home 5 Residence 6 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED 1 Notering Home 5 Residence 6 Other (Specify)							
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	Pee. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piace, and due to the cause(e) and menner ee ateted. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(e) and menner ee ateted.							
BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
2	V 11445 AND 1000500 AT 00000 W/O AND 10000 AND							
	31. DATE FILED (Month, May, Year) 12. REGISTRANT SIGNATURE MARCA 1894 32. REGISTRANT SIGNATURE JULY DAY JULY DA							

DHMH-18 Rev 1/89

4	۱ -	FOR STATE REGISTR	A
1	1. D	ECEDENT'S	P

	REGISTRAR	C	ERTIFIC	ATE OF	DEATH	REG. N	O.	
		NKLIN W.		Da	vis JR.	2. DATE OF DEATH MONTH	21 19	3. TIME OF DEATH
		12 D F 59		ITHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-24-3	4	BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	98. FACILITY NAME (If not institution, give etreet end PENINSULA REGIONAL M RESIDENCE OF DECEDENT	•			ESBURY	EATH	9c. COUNTY WI	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY S S	ΕX	SELBY	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
IERAL	100. STREET AND NUMBER 57 CAPTAINS LAN	E		101	19975	-	10g. CITIZEI	N OF WHAT COUNTRY?
BY FUNERAL	FOI	S DECEDENT EVER IN U.S. A RCES? 1 YES 2 T YES, GIVE WAR OR DATES !	NO	If yes an		IIC ORIGIN? (Specify Y n, Puarto Ricen, etc.)	ee or No— 14	Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg	(d)	DECEDENT'S USU Give kind of work to. Do NOT use rel	done during mo ired.)	ON st of working	B	INSUR	
BE CON	17. FATHER'S NAME (First, Middle, Last) FRANKLIN W. DAVI	s, Sr.				ME (First, Middle, Meide LOPREST I	n Sumeme)	
10	190. INFORMANT'S NAME (Type/Print) GERRY DAVIS	1	_		nd Number or Rural	SELBYVI		DEL., 19975
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal tron 4 Donation 5 Other (Specify)	m State cemetery, c	EAND DATE OF D rematory or other I	olace)		1		y or Town, State
	21. SIGNATURE OF FINERAL SERVICE LICENSEE	/_			D ADDRESS OF FA	NERAL HO	ME B	ERLIN, MD.
	23. PART I. Enter the diseases, or compile shock, or heart failure. List online immediate CAUSE (Finel disease or condition resulting in death)	ations that coused the city one cause on each life	(L) -	20 (de of dying, suc	h ss cardiac or res	piratory arres	t, Approximate interval Between Oncet and Death
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):	lee	er me	ng (a fastasis	with	3 clays 1'6 months
MEDICAL	PART II. Other significent conditions contri	ibuting to death but not	resulting in the	ne underlyln	g cause given in	Part I. 24a. WAS A PERFO	IN AUTOPSY DRMED? 2 ANO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 P NO
PHYSICIAN:		PITAL:		HER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)		
ву рну		Ba. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJ WC		28d. DESCRIBE HOW	INJURY OCCUP	RED
	I Postasia	te. PLACE OF INJURY — At It building, etc. (Specify)	nome, farm, stree	t, tectory, offic		281. LOCATION (Stree City or Town, Stat		Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the							couse(s) and menner es stated.
8	Dail Colligen M	D,			29c. LICENSE NUI	MBER	29d. DATE S	GIGNED (Month, Day, Year)
TO	Day QC, Lerric	REGISTRAN'S SIGNATURE	S GO R	100510	le Dr	, Suite 1	92065	alisbury Med
	31. DATE FILED (Month, Day, Year) MAR 23 1994	REGISTRAR'S SIGNATURE	Rudgel			,	1	0.001

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	law requires that the death certificate be executed within	as been signed by the attending physician and completely filled in Dept. of Health and Mental Hygiene prior to burlal, cremation, or	23 shows any injury, or other traumatic event, the me
DIVISION OF VITAL RECORDS, P	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four after death. Page 6 may be intained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMEN	IT OF HEALTH AND	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Mice	layton Deck			2. DATE OF DEATH	4 199	2. TIME OF DEATH 4 8:15 a M
	4. SOCIAL SECURITY NUMBER 220-22-2816 66. FACILITY NAME (If not institute	5. SEX 8. AGE	7RS. MONTH	ER 1 YEAR FUNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct 19 1	928	BIRTHPLACE (State or Foreign Country) PA
TOR	3303 Linebo	ro Rd.		lanchester	EATH	ec. COUNTY	rroll
DIRECTOR		Carroll	10c. CITY, TOWN	or Location fanchester			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER 3303 Linebo	ero Pd		101. ZIP CODE 21102			N OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 W NO	I. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, alc. Specify: White
COMPLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12)	NT'S EDUCATION hest grade completed) College (1-4 or 5+)	16e. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working)	16b. KIND OF BI		
S O	17. FATHER'S NAME (First, Middle	Last)	police of		AME (First, Middle, Maide		iucii o
BE C	John C.	Decker		Helen	McClea	£	
TOB	19a. INFORMANT'S NAME (Type/I Doris Mae D			ss (Street and Number or Rural neboro Rd.			
	20s. METHOD OF DISPOSITION 1 Burlel 2 Tremation	3 ☐ Removal from State	0b. PLACE AND DATE OF DISPO	OSITION (Name of	DATE 20c. L	OCATION — CIT	y or Town, State
	21. SIGNATURE OF FUNERAL SE		Carroll Cre	NAME AND ADDRESS OF F	26/94 F	ampst	ead, MD
	•			ritts Fune	ton Rd.	West	minster, MD
CERTIFICATION	ehock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS DUE TO (OR (S) 1 a b2	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):				Approximate interval Batween Onset and Death yr 5 yrs 20 yrs
MEDICAL	PART II. Other eignificant of	conditiona contributing to death	but not resulting in the o	inderlying cause given in	Part I. 24a. WAS A PERFC	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)		
S	1 TES 2 NO	1 Inpatient 2 ER/Ou		ursing Home 5 Residence	6 Other (Specify)		
ВУ РН	27. MANNEB OF DEATH 1 Netural 5 Pens 2 Accident Inves	28s. DATE OF INJURY (Month, Day, Year) stigation	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	REO
- 10	3 Suicide 6 Cou	ld not be rmined 28s. PLACE OF INJUR building, atc. (Sp	RY — Al home, ferm, atreet, fa	ctory, office	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED		NG PHYSICIAN: To the best of my kno EXAMINER: On the basis of examinat					
O BE C	29b. SIGNATURE AND TITLE OF	A M La	a, MD	D34	MBER 298	29d. DATE 8	NONED (Month, Day, Year) -25-94
	0 - 1 1/	SS, M.D. 532	Baltimore	Bhd L	Vestmi	nster.	MD 21157
	MAK 25 94	32. REGISTRAR'S SIG	NATURE				

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	1215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physical	r attending physics
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	use as the burial-
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR Certif	RTMENT OF	HEALTH F DEAT	AND ME	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH		YEAR 3.	TIME OF DEATH
	WILFORD JACOB	DEAN					03 21	1.9	94	12.55 A M
	4. SOCIAL SECURITY NUMBER 705–10–5604	5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HMS. 7. DATE OF BIRTH (Month, Day, Next) F UNDER 24 HMS. 1 闪 M 2 F 98 YRS. 98 YRS. MONTHS DAYS HOURS MIN. DECEMBER 2, 1895 GRACHAM MD.								
ror	90. FACILITY NAME (If not institution, give street end number) HOMEWOOD RETIREMENT CENTER 9b. CITY, TOWN OR LOCATION OF DEATH WILLIAMSPORT 9c. COUNTY OF DEATH WASHINGTON									
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND WASH	INGTON	10c. CIT	Y, TOWN OR LO) D T	<u> </u>			d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 2750 VIRGINIA			WILLI	101. ZIP CODE					YES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes	ECENDENT O	F HISPANIC (ORIGIN? (Specify Year overto Rican, atc.)		I. RACE	American Indian, Thite, etc.
COMPLETED E	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	TION most of working	ng .	16b. KIND OF BUS	SINESS/INDUS	STRY	MUTIC
MPL	12	2	ACCO	UNTAN			WESTERN M	1ARYLAND	RAIL	ROAD
BE CO	17. FATHER'S NAME (First, Middle, Last) CHARLES HEZAK	IAH DEAN					(First, Middle, Meiden INE SAV]		WILH	IDE
10	190. INFORMANT'S NAME (Type/Print) C. ROBERT DEAN	١	19b. MAILING 1009	COLUI	BIA	or Runal Route ROAD	HAGERST	n, State, Zip C	MARY	LAND2174:
	20e. METHOD OF DISPOSITION 1 VBuriel 2 Cremetion 3 Ram 4 Donetion 5 Other (Specify)	oval from State	B. PLACE AND DATE			RCH 24,		CATION — CIT RSTOWN,		
	21. SIGNATURE OF FUNERAL SERVICE LICE RAPE RAPE RAPE REPRESENTED	7	AND		COFFMAN	FUNERAL HO STREET HAGE			MID 217/10	
	23. PART I. Enter the diseases, proshock, pr heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the cause List only one cause on	each line.	not enter the	mode of dyl	ng, such s	ma A A A A C	ratory arres	it,	Approximate interval Batwean Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):	3141	_ N	PANET			1-21/40
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	s contributing to death	but not reaulting	In tha underl	Ing cause g	jivan in Par	1 . 24a. WAS AN PERFOR	IMED?	CC OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			20	PLACE OF D	EATH (Check of	only one)			
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	petient 3 DOA	OTHER:	ome 5 🗆 Re	eldence 8 🗆	Other (Specify)			
PH	27. MANNER DF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE DF 28c.	INJURY AT WORK?	28	d. DESCRIBE HOW I	NJURY OCCU	RED	
ED BY	2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide datermined	28s. PLACE OF INJUR building, stc. (Spe	Y At home, farm,		YES 2		f. LOCATION (Street of City or Town, State)	and Number or	Rural Rout	e Number,
LET		CIAN: To the heat of my keep	uladas daibh sassa	-4						
COMPLET	one) 2 MEDICAL EXAMINE	CIAN: To the best of my know								nd menner as stated.
TO BE	20th State of the Contractor	MEDIC		coan	29c. UCE	NSE NUMBER		29d. DATE S	SIGNED (M	ofth, Day Your)
	30. NAME AND ADDRESS OF PERIODS WH	Zver, m	185	. Print)	eur	wr	Ld. H	feed	Tee	u u
	31. DATE FILED (Month, Day, Year) MAR 2 4 1994	32. REGISTRAR'S SIG								,

DHMH-16 Rev 1/89

DAL HINDRY, MANITAND AIAIN-UNA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending hyperial properties.			
Š		TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use an the burn and Mental Hygiene prior to burial, cremotal.		
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7	or after	use a		ĺ
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. 1A1	be reta	ge 5 sl	e noti	
5	6 тау	ctor, pa	nust b	
IAIL	Page .	ral dire	iner n	
7	r death	he fune	ехаш	
	ours after	in by the	redical	ľ
	Š	ly filled ation, o	the m	
	d with	i, crem	event,	
	execute	and co	matic	
	ate be	hysician prior 1	r trau	
;	certific	Idling pl	r othe	
5	e death	he atter Mental	jury, o	
ב ב	that th	ed by the	any In	
	equires	en sign	hows	
2	e law ri	has be	1 23 \$	
	IAN: Th	tificate e State	r item	
5	PHYSIC	this cel	rked,	
	NDING	After death	Is ma	
)	R ATTE	RECTOR urs afte	ш 28	
1	ITAL O	RAL DI	: If ite	
	E HOSP	E FUNE	RTANT	
	TO TH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF M		DEPAR					MENT	AL HYGIEN REG. NO	E			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH	
	Edwin	Duli	n						Feb	ruary 6	ay 19	994	4:15am	М
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la:	st birthday)	IF UNDER		IF UNDER		7. DAT	E OF BIRTH		8. BIRT	HPLACE (State or Foreig	gn
	218-24-2728	1 M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Fel	o. 8, 1	921	Mar	yland	
OR	90. FACILITY NAME (If not institution, give st Kent & queen Anne	reet end number)	tal		9b. CITY	este	ertow	ON OF DE			9c. CO	ent	DEATH	
ב	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		T 40 - 0/7	v 7000	001000								_
E				1	Y, TOWN								10d. INSIDE CITY LIMITS?	
L	Maryland Queer	Anne's			Sud1		TITE				1 40- 00	FIZEN OF	1 TYES 2 NO)
RA	5914 Sudlersville	Dood				1 "							WHAT COUNTRY?	
¥.	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMED	13.		21668		NC OBIG	iiN? (Specify Yes		USA 14. BAC	E - American Indian	
BY FUNERAL DIRECTOR	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WI	YES 2 3	NO		If yes, sp	ecify Cube 2X NO	n, Mexice	n, Puert	o Rican, atc.)	01110	Spec	E - American Indian, ck, White, etc. city: White	
	15. DECEDENT'S EDUC	CATION		ECEDENT'S					10	56. KIND OF BUS	SINESS/IN	DUSTRY	WIIILE	
ᄪ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Elfa .	ive kind of Do NOT u	work done se retired.)	during mo	st of workin	g						
AP.	7		F	arme	c					Farm	ing			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	ER'S NA	ME (First	, Middle, Meiden				
BE (Harry Dulin						Bes	ssie	Ker	nard				
5	19e. INFORMANT'S NAME (Type/Print)									mber, City or Tow				
	Betty Dulin							Road					D 21668	
	20e. METHOD OF DISPOSITION 1 V Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cometery, cre Sud Le	and date	of DISPOS	Ceme	me of terv	2/9	/94				own, State e, Maryla	nd
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	D ADDRES	S OF FA	CILITY					
	1 Mary &	toll m	70		Fe	2110	ws Fu	mera	al F	Home, P	.A.			
	23. PART i. Enter the diseases, or c	omplications that	caused the de	eeth. Do	not enter	the mo	de of dyl	ng, suci	h ee ca	millec or reepl	retory e	on M	D 21651 Approximate	_
	anock, or neart tailure. I	List Dnly one caus	se Dn each line	0.									Onset and D	
		NYOC DUE TO											6 yrs	
CERTIFICATION	If any, leading to immediate	COROA DUE TO	OR AS A CONSE	OUENCE O	FTH FI:	ERC	SC	LE 1	209	515			10 yrs	<u></u>
ည	cause. Enter UNDERLYING CAUSE (Disease or Injury	nue To	OD 40 4 00W05	01151105 0										
Ē	that initiated events reaulting in death) LAST) 01 300	OR AS A CONSE	OUENCE O	r):									
병		l												
CAL	PART II. Other aignificant conditions	s contributing to	death but not	resulting	In the ur	nderlyln	cause o	lven in	Part I.	24a. WAS AN PERFOR	MED?	246	b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PHYSICIAN: MEDI									-				1 TYES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only	one)				
is	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE		e 5 🗆 Re	sidence	6 🗆 Ot	her (Specify)				
1 Schippetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) T 27. MANNER OF DEATH 28e. DATE OF INJURY 28e. INJURY WORK? 28d. DESCRIBE HINJURY WORK?							ESCRIBE HOW I	NJURY O	CCURED					
BY	1 Netural 5 Pending 2 Accident Investigation				M		rES 2	NO						
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At horito. (Specify)	ome, farm,	street, fac	tory, offic	•			CATION (Street of ty or Town, State)	and Numbe	or Or Rural	Route Number,	
ا ٿ	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of r	my knowledge, de	eath occurr	ed at the t	Ime, date	and piece	end due	to the c	euse(e) end mer	ner ee st	eted.		
<u> </u>	one) 2 MEDICAL EXAMINE												s) end menner ee state	ıd.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						D (Month, Day, Year)	_
BE		le m						115		7	>	7 -9	7-94	
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	М 27) (Туре	, Print)								1 (
	31. DATE FILED (MORRY, Day, Year)	32. REGISTRAF	Y'S SIGNATURE										-	
	FFR 10 '94		ia Davidso	n-Aan	delle									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the first many after the case of the first the first of the first the first of the first of the first the first of the fi	by more more after coast with the part coast copy, or regall also werely and its profit of the medical examiner must be notified at once, IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
PITAL	ERAL	T: H
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2	2 3	2

									10000
	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT O	F HEALTH	AND MENT	TAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. D/	TE OF DEATH		3. TIME OF DEATH
	Gough Arnett	Dorsey				2/3	20/1992	+	10;40 A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS. 7. DA	TE OF BIRTH onth, Day, Year)		BIRTNPLACE (State or Foreign Country)
	213-18-4270	1 M 2 F	69 YRS.	aon ma	NO HOURS	5/:	11/1924	+ M	laryland
-	9s. FACILITY NAME (If not institution, give str	eet and number)		96. CITY, TO	WN OR LOCATIO	ON OF DEATH		9c. COUNT	Y OF DEATH
2	Corsica Hill Nu	irsing H	ome	Cent	revil	le		ueen	Anne's
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY
1 8	Maryland Kent	-							LIMITS?
			Wort	.011	10f, ZIP CODE		_	10e CITIZE	1 YES 2 NO
FUNERAL	25540 BING	e's Rd							STOP WHAT COUNTRY?
IS	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARMED	13. WAS	21678	F HISPANIC ORI	GIN? (Specify Yes	USA	4. RACE — American Indian,
	1 Never Married 2 Married		YES 2 NO	If yo	s, specify Cuber YES 2 Pero	, Maxican, Puer Specify:	to Rican, etc.)		Black, White, etc.
84	3 Widowed 4 Divorced	WW#2			120.846	оросну.			Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	vork done durin	PATION og most af workin		16b. KIND OF BUS	INESS/INDUS	
Į.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	retired.)	TT	1	CAN	To	ACTOR
N P	Secondary 11		C043	174 4	C1,00		C01-	1 1	ACTOL.
-	17. FATNER'S NAME (First, Middle, Last)				18. MOTN	IER'S NAME (Fire	st, Middle, Maiden S	Sumame)	
H	George Dorsey					a Cla		<u></u>	
2	196. INFORMANT'S NAME (Type/Print) Mrs. Florence Dorsey 196. Mailing address (Street and Number or Rural Route Number, City or Town, State, Zip Gode) 25540 River Rd. World's Rd. World's Rd.								
P .		orsey	433	, 70			9,		21618
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of New Journal of N								
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Christain		LOVE C	THE PERSON OF			laryland
	1000 and	21.1d	0 1						IERAL HOME
-	1 Sevice	E ~ M	25	207					wn, Md. 21620
3	23. PART I. Enter the diseases, or co shock, or heart failure. L	emplications that callet only one cause	aused the deeth. Do n on each line.	ot enter the	mode of dyle	ng, such es c	ardiac or respir	atory arres	t, Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	- 1	- ((. (7 11		0		Onset and Death
	resulting in death)	Gast	10 m des		Ne	me	Lys	2	
	[CO TO (OF	AS A CONSEQUENCE OF	· / .	D-		8		
N N	Sequentially list conditions,	DUE TO /OF	AS A CONSEQUENCE OF	in	4-6 2				
¥	If any, leading to immediate cause. Enter UNDERLYING	200000000000000000000000000000000000000		y.					j
	CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSEQUENCE OF	ŋ:					
ERTIFICATION	reaulting in death) LAST								
Ü	DART II Other significant and discon-		and the second second second						
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to de	with but not resulting i	n the under	lying cause g	iven in Part I.	24s. WAS AN A PERFORE		JAN. WERE AUTOPSY FINDSCS. AMPLABLE PRIOR TO
ă	Same	100	, sayar	17	0		1 TYES 2	ANO	OF DEATH?
Σ	- aluan	Thus	houghte	Van	Man				1 - YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	10150	40						
豆	EXAMINER?	HOSPITAL:	EARCHTE HOUSE THE STREET	OTHER:	6. PLACE OF DE	west the second			
X	1 YES 2-41-NO 27. MANNER OF DEATH	28a. DATE OF INJ	UNIV 285. TIME	-	Home 5 Rec	The second second	The second second	Him arm	
	1 Laguret 5 Pending	(Month, Day		URY	WORK7	2500	SESCRIBE HOW IN	JUNY OCCU	HEID
ВУ	2 Accident Investigation 3 Suicide a Could and bu	28e. PLACE OF IR	UURY — At home, farm, a				OCATION (Street at	st Number or	Rural Route Number
	4 Homicide determined	building, etc.	(Specify)		E-WESC		ity or Rown, States	District of	The second second
COMPLETED	290. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my	knowledge, death occurre	ed at the time	data and since	and due to the	anusa(a) cod —		
×									cause(s) and menner as stated.
3	29b. SIGNATURE AND TIPLE OF CERTIFIER	lant.			-	NSE NUMBER	,, site		
BE	& Flysman	20-				350	40	AND. DATE S	RIGHED (Months Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE (OF DEATH (ITEM 27) /7/ne	Print)	-	10 17	(0)		

South Commerce St. Centreville, Maryland 21620

32. REGISTRAR'S SIGNATURE

22'94

DNMH-18 Rev 1/89

		FOR
1	_	STATE
•	_	REGISTRAR

	1 - STATE REGISTRAR		CERT	IFICA	TE OF	DEATH	MENTAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH			3. TIME OF DEATH
	Earl Selby Deisro	th					March	_	1994	YEAR	11:50PM M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birth	day) IF U	HE DAYS	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH Count	IPLACE (State or Foreign
	213-01-4290	1 🖾 M 2 🗆 F	80 Y	RS.	LAYS	HOURS MIN.	NOV.	30, 1	1913	Mar	ÿland
FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, give to Kent & Queen Anne		pital In	1		ertown	EATH		% cou	nty of D	EATH
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	100	. CITY, TOY	VN OR LOCA	ION					10d. INSIDE CITY
D B	Maryland K	ent		Rock	Hall						LIMITS?
AL	10e. STREET AND NUMBER					. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
ER	5860 Beach Road					21661				U.S	.A.
N I	11. MARITAL STATUS	12. WAS DECEDENT E	YER IN U.S. ARMED			ENDENT OF HISPA			s or No-	t4. RACI	E — American Indian, k, White, etc.
ВУ Б	1 Never Married 2 Narried 3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES			ecity Cuban, Mexico 2 NO Specific		:#n, etc.)		Spec	
	15. DECEDENT'S EDU	W.W. I									hite
COMPLETED	(Specify only highest grade	completed)	t6a, DECEDE (Give kin life. Do N	d of work di OT use retin	one durina ma	st of working	16b. F	INO OF BU	ISINESS/INI	DUSTRY	
PLE	Elementary/Secondary (0-t2)	College (1-4 or 5+)		ducto			Ra	ilroa	he		
NO.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
BE C	Charles T. Deisro	th				Marga	ret E	llen	Phe1	ps	
	19s. INFORMANT'S NAME (Type/Print)		19b. MAI	LINO ADDI	RESS (Street a	and Number or Rural					
2	Elizabeth Y. Deis	roth	5860	Beach	Road,	Rock Hall,	Maryla	nd 21	1661		
	20e. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Ram	oval from State	20b. PLACE AND D	ATE OF DIS	POSITION (N	ime of	DATE	20c. LC	OCATION —	City or To	wn, State
	4 Donation 5 Other (Specify)		St. Pauls	Cemet			i	Ches	sterto	wn, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows - Wells Funeral Home										
	William L. King 413 W. High St., Chestertown, Maryland 21620 23. PART i. Enter the diseases, or complications that raused the death to not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate										
	23. PART i. Enter the diseases, or	complications that	used the death	Do not e							Approximate
	ahock, or heert failure. iMMEDIATE CAUSE (Final		V								Onset and Desth
	disease or condition resulting in deeth)	. CEREBA	ROVASCU	LLAI	2 1	LCCIDE	ENT				148 hr
		DUE TO (OF	AS A CONSEQUEN	CE OF):							
NO	Sequentially list conditions,	b									
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DOE TO (OF	AS A CONSEQUENC	CE OF):							
FIC	CAUSE (Disease or injury that initieted events	c. DUE TO (OF	AS A CONSEQUENCE	CE OF):					_		
E	reaulting in death) LAST	4									
	PART ii Other cignificant condition	a contribution to de	and have and the de	1							
DICAL	PART II. Other significant condition HYPERTENSION	is contributing to de	ath but not result	ing in the	underlyin	g ceuse given in	Part I.	PERFO		24b	, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	COLON CANCE	7	c current				— l	YES :	NO		OF DEATH?
ME	COLON CANCE	ic, our	e >++68								1 TES 2 KNO
AN	25. WAS CASE REFERRED TO MEDICAL					105 05 05 15 10 10					
PHYSICIAN:	EXAMINER?	HOSPITAL:	6 11 11 1 1 1 1 1 1		HER:	ACE OF DEATH (C)					
H H	27. MANNER OF DEATH	26a, DATE OF INJ		TIME OF	Nursing Hon 28c. IN.	e 5 Residence			INJURY OC	CUBED	
	Natural 5 Pending	(Month, Day,		INJURY	Wo	PRK?	100.000	THE HOW	INGONI OC	CONED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN	IJURY — At home, fa	ırm, atreet,			261, LOCAT	ION (Street	and Numbe	r or Rural I	Route Number,
COMPLETED	4 Homicide determined	building, atc.	. (Specify)				City or	Town, State)		
۳	29a. CERTIFIER (Check only	ICIAN: To the best of my	knowledge, death or	coursed at t	he time deta	and place, and thus	to the cour	(a) and ma		dad	
N N	one) 2 MEDICAL EXAMINI										a) and manner as stated,
ы С	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NU					(Month, Day, Year)
00	Murlow	le mo				D 415				3-16	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)					-		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S									
11	MAR 21'94	Aulia Davida	on-Pandell								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

OHMH-16 Rev 1/89

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1184.	BALTIMORE, MARYLAND 21215-0020	Hours after death. Page 6 may be retained by the hospital or attending physician.
		8
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE CO!

Chang H.

31. DATE FILED (MONTH, Day, 16. MAR 16

	FOR 1 - STATE	STATE OF MA							MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Gladys M	Tae Do	effent	an	,	E OF	DEA	ГН	2. DATE MONTH	OF DEATH	NY .	YEAR 994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-72-4825	T	8. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.	(Month	OF BIRTH		8. BIRTI Count	HPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	Y, TOWN C	OR LOCATI	ON OF DE		0, 0, 2	_	NTY OF D	
DIRECTOR	Frostburg Villa	ge Nursin	g Home		Fr	ostb	urg				100	lega	
DIRE	Maryland 10b. COUNT			,	OR LOCAT					·		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
A	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
. 6	15120 Mt. Sav	age Road I	W. W.				2:	1545				U.	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WA	EVER IN U.S.AR			If yes, sp	ecify Cube	OF HISPAN In, Mexical Specify	n, Puerto f	? (Specify Yea Rican, atc.)	or No-		E — American Indian, k, White, etc.
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON at of working	200	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Him	. Do NOT us	emak		ot or working	~		Do	mesti	ic	
ő	17. FATHER'S NAME (First, Middle, Last)						18, MOT	HER'S NAI	ME (First, I	Alddle, Meiden	Surname)		
ш	Lewis		Blank					Grad	Ce.		Y	antz	
0 8	19e. INFORMANT'S NAME (Type/Print)	-	190	b. MAILING	ADDRES	S (Street a	nd Number	or Rural A	Poute Numb	er, City or Town	n, State, Zip	Code)	
-	Evelyn Blank			1511	3 Mt.	. Sa	vage:	Rd.	N.W.	Mt.	Savas	ge. I	Md. 21545
	20e. METHOD OF DISPOSITION 120 Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b.PLACE	AND DATE	OF DISPOS	SITION (Na	me of		DAT		CATION —	City or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME AN	D ADDRE	SS OF FAC	CILITY I	urst 1	Tunn	ral	Home
	57 Frost Ave. Frostburg, Md. 21532												
	23. PART. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval Between Onset and Death Course (Final												
	disease or condition resulting in death)	a. J got TO (C	OR AS A CONSE	LAS DUENCE O	F): A	4	Ya	rq	L	m'			teretar
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DAME TO (C	PR AS A CONSE	SUENCE OF	FI:	1er	4	2	4 Se	all	7		14913
ш	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	M AB A CONSEC	UENCE O	F):								(47)
MEDICAL C	PART II. Other significent condition	ns contributing to d	eeth but not r	resulting	in the u	nderlying	g ceuse	given in l	Part I.	24a. WAS AN PERFOR		248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_				1 WES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	ack only on	e)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTME	A:	10.0						
у РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF IP (Month, Day	JURY	28b. TIM		28c. INJ			28d. DEŞCRIBE HOW INJURY OCCURED				
2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Yown, State)									r or Rural i	Route Number,			
APLE	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	y knowledge, de	ath occurr	ed at the t	time, date	and place	, end due	to the cau	se(a) end men	ner ea stat	ted.	

Tarn Terrace, Suite 204, Frostburg, Md. 21532

and the state of the

43.75

	1 - STATE REGISTRAR	CE	RTIF	CATE OI	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEAT	TH DAY	YEAR	3. TIME OF DEATH		
	LILLIE	AY	DICK			MARCH	15, 1		07:35 A	M	
	4. SOCIAL SECURITY NUMBER 5. SI	The same that have	a BIRTI	NPLACE (State or Foreign							
	217 17 0005	3 M 2 🖄 F 84	YRS.	MONTHS DAYS	HOURS MIN.	FEB 26	,1910	MA	RYLAND		
	9e. FACILITY NAME (If not institution, give street en			9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. CC	UNTY OF D	DEATN		
DIRECTOR	SACRED HEART HOSP	PITAL PITAL	i	CUM	BERLAND			AL	LEGANY	-	
ַבַּ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		to- CITY	TOWN OR LOC	471011				10d. INSIDE CITY	\equiv	
誓	MARYLAND ALLEG	GANY		JMBERL				İ	LIMITS?		
	10e, STREET AND NUMBER	WATER TO SERVICE TO SE			of, ZIP CODE		100 0	TITEN OF I	1 X YES 2 NO	_	
¥	110 LeFEVRE ROAD			1.	21502			J. S. /			
FUNERAL	11. MARITAL STATUS 12, V	WAS DECEDENT EVER IN U.S. ARK	MED	13. WAS DE		ANIC ORIGIN? (Specif			E — American Indian,	\dashv	
	1 Never Married 2 Merried	FORCES? 1 YES 2 NI FYES, GIVE WAR OR DATES	0	If yes, s		icen, Puerto Ricen, etc		Blac	k, White, etc.		
B	3 🕅 Widowed 4 🗆 Divorced	The state of the s		1	a z (A no abe	cny.		Spec	WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple			JSUAL OCCUPAT		16b. KIND O	BUSINESS/I	NDUSTRY			
9		Hene (1-4 or 5 +)	LERI	retired.)		GROC	ERY S	TODI			
₹	UNKNOWN		, L L IVI	`					<u> </u>		
	17. FATNER'S NAME (First, Middle, Last) ALLEN DANIELS					AMANDA			-		
BE	19a. INFORMANT'S NAME (Type/Print)									_	
2	DAVID E. KIRK					- CUMBE			0 21502		
	200, METNOD OF DISPOSITION			F DISPOSITION /			LOCATION -			4	
	1 Burlel 2 Cremetion 3 Removal fr							,			
	1 (A Burlet 2 Cremetton 3 Removal from State Cemetery cremetory or other place) CUMBERLAND, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cemetery cremetory or other place) CUMBERLAND, MD 22. NAME AND ADDRESS OF FACILITY										
	1 1/2 1 (D.7.	. 1		GEOR	GE-UPCI	HURCH FU	NERAL	_ HO	ME, P.A.		
	Granay Th. upc	RUCKI		202	GREENE	ST.,CUM	BERL	AND,	MD 21502		
	23. PART I. Enter the diseases, or compleahock, or heert feliure. List o	incations that caused the des poly one ceuse on each line.	ith. Do no	ot enter the m	node of dying, su	uch as cardiac or r	eapiratory a	erreat,	Approximate interval Between		
	iMMEDIATE CAUSE (Final disease or condition	L. A.	()		Fail				Onset and Death	h	
	resulting in death)	DUE TO ING AS A CONSEC	1 A	ew u	tail	va				_	
_		UAC	O A	X							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	UENCE OF)	:						\dashv	
SA	ceuse. Enter UNDERLYING										
Ē	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CONSEO	UENCE OF)								
ER	resulting in death) LAST										
	PART II. Other algnificant conditions con	ntributing to death but not re	sulting in	the underlyi	na ceuse alven i	in Part I. 24a WA	S AN AUTOPS	y 24t	. WERE AUTOPSY FINDINGS	\exists	
DICAL	Acto	Pare	en	1 01		PE	RFORMED?	, 245	AVAILABLE PRIOR TO COMPLETION OF CAUSE	П	
E .	R	al Fal	ک در ۵			1 🗆 YI	S 2 NO		OF DEATH?		
Σ	A and la	all land	ح المعالم	7		_			1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	109	70	my 30	PLACE OF DEATH (Chack only one)				4	
PHYSICIAN: ME	EXAMINER? HOS	SPITAL: Inpatient 2 ER/Outpatient 3		OTHER:						1	
ΞI		26e. DATE OF INJURY	28b. TIME	OF 28c. II	JURY AT	e 6 ☐ Other (Specify, 28d. DESCRIBE N	-	CCURED		\dashv	
	1 Netural 5 Pending	(Month, Day, Year)	INJU		YES 2 NO					-1	
BY	a	28a. PLACE OF INJURY — At hon	ne, ferm, st	reet, factory, off	ica	281. LOCATION (S	Ireet end Numb	per or Rural i	Route Number,	ᅥ	
TED	4 Nomicide determined	building, atc. (Specify)				City or Town,	Stete)			П	
岸	290. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowledge, dea	fh occurred	at the time de	te and place, and d	us to the cause(s) and	menner es e	totad		┪	
COMPLET		the besis of examination end/or in							s) end menner es stated.	-1	
	29b. SIGNATURE AND TITLE, OF CERTIFIER	1 ()		29c. LICENSE W		_		(Month, Day, Year)	\dashv	
B	1 War	and C	Sto	-~	D11443				6 - 94		
유	30. NAME AND ADDRESS OF PERSON WHO COM	LETED CAUSE OF DEATH (ITEN	27) (7)	Print)	1 111443	,			- / (4	
	DR. WAYNE SPIGGLE,			1. 1	MBERLANI), MD 2150	02			١	
	31. DATE FILED (Month, Day You)	38 PROTETRARIS SHE ATURA	5	-, -,						\dashv	
	照AR 18 1994 07										

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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	FOR 1 - STATE REGISTRAR	STATE OF MARY								
- 11	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									
- 3	RUTH	MARIE		DURKIN			· · · · · · · · · · · · · · · · · · ·	09:52 A M		
	4. SOCIAL SECURITY NUMBER				MOCD 24 MDC 7 I	DATE OF BIRTH		THPLACE (State or Foreign		
8	215-16-4040	1 M 2 1 F	82 YRS. MC	ONTHS DAYS HOU	RS MIN. J	an. 2 19	22 0	laryland		
_	9a. FACILITY NAME (If not institution, give	a street and number)	91	b. CITY, TOWN OR LO	CATION OF OEATH		9c. COUNTY OF	DEATH		
DIRECTOR	SACRED HEART HOS	SPITAL		CUMBER	LAND		ALL	EGANY		
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS									
	Maryland A	aryland Allegany Eckhart.								
BY FUNERAL	10e. STREET AND NUMBER			10f, ZIP (3000		10g. CITIZEN OF	WHAT COUNTRY?		
	P.O. Box 82				21528		U.S	a A a		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES			NT OF HISPANIC O	RIGIN? (Specify Year aerto Rican, etc.)	or No — 14. RA Bis	CE — American Indian, ck, Whita, alc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2	NO Specify:		Spe	White		
	15. DECEDENT'S EI (Specify only highest gra	DUCATION	18a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BUS	NESS/INDUSTRY	HILLOS		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	k done during most of w etired.)	rorking					
COMPLET	12	0	Homem	aker		Don	nestic			
00	17. FATHER'S NAME (First, Middle, Last)			ta. (MOTHER'S NAME (First, Middle, Malden S	Surname)			
BE	John 19a. INFORMANT'S NAME (Type/Print)	Mo	Kenzie		Mary			nnd ek		
2	William F. Du	nled n		ORESS (Street and Nu						
ı	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	Box 82	Bernart.		ATION - City or			
	1 E Buriel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	emoval from State	St. Michae	placel	my 3/25			2.00		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	John Marine	22. NAME AND AD	DRESS OF FACILIT	TY				
	> Toky 7	(Weller)	1	57 Front	Asro I's	rostburg,	uneral			
\neg	23. PART I Enter the diseases, o	r complications that cause	ed the death. Do not					Approximate		
	ahock, or heart failur	a. List only ona cause on	asch iine.	1				intervel Between Onset end Death		
ĺ	disesse or condition resulting in daeth)	a. ResperA	TORY FI	4. LURE						
	resolding in dastri)	OUE TO (OR AS	A CONSEQUENCE OF):		`					
z	Sequantieily list conditions,	b. A CUTE DUE TO (OR AS	PULMON	1ARY 1	=Mbol19	3M				
HTIFICATION	if eny, laeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	,						
7	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):							
	reaulting in death) LAST	d								
3	PART II Other significent conditi	and contribution to doubt								
SA	PART II. Other significent conditi	Depressiv	DISC	the underlying cau	se givan in Peri	PERFORI	IEO?	Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
MEDIC		VEDROSSIO	0 4100	14661		1 YES 2	IP NO	OF DEATH?		
Σ			-					1 NES 2 NO		
N N	25. WAS CASE REFERRED TO MEDICAL	T		28. PLACE (OF DEATH (Check o	only one)				
2	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		THER:						
PHYSICIAN:	27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY A		d. OESCRIBE HOW IN	JURY OCCURED			
2	1 Natural 5 Pending 2 Accident Investigation			M 1 YES	2 NO					
- 0	3 Suicide 8 Could not b	building, atc. (So	IY — At home, farm, streecify)	et, factory, offica	281	City or Town, State)	nd Number or Rura	Route Number,		
COMPLEIED		YSICIAN: To the best of my know								
5	2 MEDICAL EXAM	INER: On the basis of examinati	on and/or Investigation, i	in my opinion, death o	ccured at the tima	, data and place, and	dua to the cause	(a) and manner as stated.		
# N	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Day, Year)							D (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON V	MHOLOMBI ETEO CHIPE OF	EATH STEM OF ST.	<u>J</u>	2563	8	1 3/0	2/94		
		. //	ROSTBURG		FORSTO-	URG MA	DV/ A 40	2.522		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		y -n jac	1 603/130	rich 1/4	my word	21532		
	3-25-94		avidson-Ra	ndall						



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within missing after death. Page 6 may be retained by the hospital or attending physician.	ego.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the filled within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.	nit. P
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	1

1	FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT	OF H	DEA.	AND I		YGIENE EG. NO.	
ř	1. DECEDENT'S NAME (First, Mic	 t Duck	worth					2. DATE OF I	DEATH	1.0
ŀ			WOI CII					3	23	19
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E		
1		1 StM 2 □ E	0.4 ×m	MONTHS	DAYS	HOURS	MIN.	(Month, Da	y, Year)	

	Evere	ett Ducka	worth					MONTH 3	23	1994	VEAR 6	:30 p M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les			1 YEAR	IF UNDER 24 HRS.	7. DATE OF		8. BIRTHP Country)		NCE (State or Foreign
	193-16-7259	1 XM 2 - F	84	YRS.	MONTHS	DATE	HOURS MIN.	10/3	9 1	Maryl	and	
	Se. FACILITY HAME (If not institution, give a						OR LOCATION OF DE	EATH		9c. COUNT	Y OF DEAT	Н
5	Route 2, Box 89;	Jennings	Road			Gran	tsville			Garı	cett	
DINECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	пон				10	d. INSIDE CITY
5	Maryland Garre	ett		Gr	ants	vil.1.	е				1	LIMITS?
	10e. STREET AND HUMBER					101	ZIP CODE	100		10g. CITIZE	N OF WHA	T COUNTRY?
	Route 2, Box 89						215	36		J	JSA	
DI I GIVENAL	11. MARITAL STATUS	12. WAS DECEDENT	TEVER IH U.S. AR		13.	WAS DEC	ENDENT OF HISPAN	NIC ORIGIN?	(Specify Year	or No- 1	6. RACE —	American Indian, hila, atc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W					2 NO Specify		,,		Specify:	nite
	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S	LISUAL O	CCUPATIO	NH .	14h K	IND OF BUIL	INESS/IHDUS		lite
	(Specify only highest grade Elementary/Secondary (0-12)		(G	ive kind of Do NOT u	work done se retired.)	during mo	st of working	100. K	IND OF BUS	MESS/INDU	o i mi	
	7	College (1-4 by 6 +		icker				S	e1fe	mploye	be	
	17. FATHER'S HAME (First, Middle, Last)						18. MOTHER'S HA					
	Charles Duckworth	1					Cora Be	achy				
	19a. INFORMANT'S HAME (Type/Print)						nd Number or Rural i			n, Stete, Zip C	ode)	
-	Doris A. Schwinab	art	37	0 Su	nset	Pl.a	ce, Keys	er, W	7 26	726		
	20a. METHOD OF DISPOSITION 1X Burlel 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE				me of	DATE	20c. LO	CATION — CH	ty or Town,	State
	4 Donation 8 Other (Specify)		Addis	on C	emet	ery		B/26	Add	ison,	PA	
1	21. SIGNATURE OF FUHERAL SERVICE LI	5				Funeral.		d =	7			
╝	Deynn	an				ville. M			.,			
MOHENIA	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): LISChemic Heart Disease DUE TO (OR AS A CONSEQUENCE OF): C. Arteriosclerotic Cardio-Vascular Disease DUE TO (OR AS A CONSEQUENCE OF):										Sev. Years Unknown	
	PART II. Other algnificant condition	reauiting	ing in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 NO					AM CC OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 HO			
	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DEATH (Ch	eck only one)	-			
	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:	e SSResidence		Specify)			
	27. MAHNER OF DEATH	28a. DATE OF (Month, De	INJURY	28b. TIN		28c. INJ				NJURY OCCU	RED	
	Natural 5 Pending Accident Investigation	(month, 2)		1	M		YES 2 NO					
	3 Suicide 6 Could not be determined	28a. PLACE Of building,	FINJURY — A! ho etc. (Specify)	ome, farm,	street, fac	tory, offic		281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State)				Number,
Suicide Could not be determined Specify Specify												d manner as stated.
1	296, SIGNATIONE AND TITLE OF CHYSTE	1	11)	0		29c. LICENSE NUI	MOER		294. DATE 1	SIGNED (M	orth, Day: Wear)
	DE HAME AND ADDRESS OF PERSON WE	O COMPLETED CAUS	E OF DEATH (TE	124 . M 27) (Tox	Print	-	D 05658	3		Mar	ch 2	4, 1994
	Herbert H. Leigh	nton, M.D	., 502 I	TOTAL STREET	2010000	reet	, Oaklar	nd, Ma	rylar	nd 21	.550	
	31. DATE FILEO (Month, Day, Year) MAR 2-8 199	100	R'S SIGNATURE	Corla								
	100	1			-		-					DUMM 10 Day 1/0

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 35 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
0	ECEOENT'S NAME (First, Middle, Last)		2. DATE O	F OEATN

	1 - STATE REGISTRAR	STATE OF MAKY		ICATE OF			TENTAL HYGIET REG. NO			
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF GEATN		3.	TIME OF OEATH
	Annie D. Drenni	ng					MONTH I	24	94	6 95 AM
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTNPL Country)	ACE (State or Foreign
	218 34 4829	1 🗆 M 2 🗹 F	3 YRS.	MONTHS DAYS	HOURS	MIN.	Sep. 26 or	L900	MD)
	9e. FACILITY NAME (If not institution, give	·		9b. CITY, TOWN			ATH	9c. COU	NTY OF OEA	TN
6	Allegany County Nursing Home Cumberland Allega									
EG		gany	Jpc. CIT	y town on Local berlan	TJON				10	Dd. INSIDE CITY
DIRECTOR	MD ATTE	egany	Cum	berlan	d				1	LIMITS?
	10. STREET AND NUMBER 415 Arch Stree			10	or, zip cope	-00		J0g, CIT		AT COUNTRY?
FUNERAL	415 Arch Stree	:T			21:	502		JUSA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS OF	CENDENT O	F HISPANI	C ORIGIN? (Specify Ye	e or No-	14. RACE -	- American Indian,
ВУБ	1 Never Married 2 Merried X Widowed 4 Divorced	FORCES? 1 YE			peoply Cuber S I NO		, Puerto Rican, etc.)			White, etc.
		<u> </u>					_		whit	te
<u> </u>	15. OECEDENT'S EC (Specify only highest grad	de completed)	16e. OECEOENT'S (Give kind of life. Do NOT u.	work done during m	ION ost of working	g	16b. KINO OF BU	ISINESS/INC	DUSTRY	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	homema				0.147	n ho	mΑ	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		monicina	TC1	18. MOTH	ER'S NAM	IE (First, Middle, Maider		ille	
	Thomas Peebles				Mary		icken	,		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street		_	oute Number, City or Tox	vn, Stata, Ziç	Code)	
임	Donald	Paulman	9 <i>I</i>	Asbury A	venue	La\	Vale MD	2150	2	
	20e. METNOD OF DISPOSITION ACT Burlet 2 Cremetion 3 Re	moval from State	Ob. PLACE AND OATE	OF OISPOSITION (A	lame of		1	CATION —	City or Town	, State
	4 Donation 5 Other (Specify)		ak Hill C						ning M	1D
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- 11	Scar	NO ADORES	s of eac L Fu	neral H	ome		
	apos.	ZXIcar	Reli	Cumb	erlar	nd,	Marylan	d 2	1502	
	23. PART WEnter the diseases, or shock, or heart fallure	complications that cause. List only one cause on	ed the deeth. Do i	not enter the m	ode of dyle	ng, such	ea cerdlec or rear	iratory an	rest,	Approximate
	IMMEDIATE CAUSE (Finel		7,960 A. I.		1	p.				Onset and Death
	disease or condition resulting in death)	e. Coros	A CONSEQUENCE O	eny d	nea	n				years
		OUE TO (OR AS	A CONSEQUENCE O	F): (1
o O	Sequentially list conditione,	b. DUE TO (OR AS	A CONSEQUENCE O	F)·						-
ERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING		-	,						į
Ĕ	CAUSE (Diseese or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	F):						
	resulting in death) LAST	d								
0	PART II. Other eignificant condition	one contributing to deeth	but npt reculting	In the underlying	na ceuse a	Iven In P	Part I. 24a. WAS AI	ALITOPSY	245 W	ERE AUTOPSY FINDINGS
CAL				,,,			PERFO	RMEO?	Ale	MAILABLE PRIOR TO OMPLETION OF CAUSE
MED							1 YES	S FA NO		F DEATH?
2							-		'	YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF OR	ATH (Chec	ck only one)			
	EXAMINER?	HOSPITAL: 1 Inputlent 2 ER/Ou	Ipetient 3 🗆 DOA	OTHER: 4 Mursing No.	ne 5 🗆 Rei	sidence 6	Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATN	28e. DATE OF INJURY (Month, Day, Year,		E OF 28c. IN	JURY AT		28d. DESCRIBE HOW	INJURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation				YES 2	NO				
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUI building, atc. (Sp	RY — At home, term, secify)	street, fectory, offi	ce		28f. LOCATION (Street City or Town, State		r or Rural Rout	te Number,
_ "										
4		SICIAN: To the beat of my kno								
COMPLE	2 MEOICAL EXAMI	NER: On the beals of examinst	ion and/or investigation	n, in my opinion,	death occurs	ed at the ti	ime, date and place, a	nd due lo th	ne ceuse(a) a	nd menner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFI	ER A	-			NSE NUME		29d. DAT	E SIGNEO M	lonth, Day, Year)
0	30. NAME AND AODRESS OF PERSON W	THO COMPUTED STATES	PATH ATTER OF THE	0.1.0	03	328	0	3	124/9	4
	DR. GUPTA, M.	1/			TIMER	RT.A	ND, MD	2150	2	
						-1111	ind, ind a	-100		
	MAR 2 8 19	94 Julia Mu	diar land	4						



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BOX
P.0.
RECORDS,
OF VITAL REC
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic evenf, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certif be filed within 72 hours after death with the	IMPORTANT: If Item 28 Is marked, or

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		- OL	CHILL	CATE C	/ DEATH	REC	a. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DE	ATH		3. TIME OF DEATH
- 4	ESPERANZA	I. E	SCOBAR				Mar	16- 0	74	9:10 8.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ias	t hirthriau)	IF UNDER 1 YE	UR IF UNDER 24 HRS.	7. DATE OF BIR			IPLACE (State or Foreign
	577 /0 0057	1 🗆 M 2 😡 F		,,, <u>-</u>	MONTHS DAT		(Month, Dwy, 1	bar)	Countr	
	577-48-2957	Λ	74				FEB. 5			TEMALA
~	Sa. FACILITY NAME (If not institution, give :			- 1	9b. CITY, TOY	WN OR LOCATION OF D	EATH	9c. COU	NTY OF D	EATH
Ö	1105 ARCOLA AVENU	JE			SILVE	R SPRING		MO	ONTGO	MERY
ក្ខ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT									
DIRECTOR				10c. CITY,	TOWN OR LO	CATION			- 1	10d. INSIDE CITY LIMITS?
		TGOMERY			SILVE	R SPRING				1 YES 2 NO
¥	10s. STREET AND NUMBER					10f. ZIP CODE		10g. CIT	IZEN OF W	VHAT COUNTRY?
E	1105 ARCOLA AVEN	NUE				20902			US	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Spec	Ify Yes or No-	14. RACE	- American Indian
	1 Never Married 2 Married	FORCES? 1	YES 2 N	10	If yes	, specify Cuban, Mexico YES 2 NO Speci	en, Puerto Rican, e	(C.)	Speci	c, White, etc.
BY	3 Widowed 4 Divorced					UATEMALAN	7.		Speci	WHITE
	15. DECEDENT'S EDU		16a. DE	CEDENT'S U	ISUAL OCCUP	ATION	16b. KIND	OF BUSINESS/INC	DUSTRY	
ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	- Ma	ve kind of wo Do NOT use	ork done during retired.)	most of working				ł
۲ ا	12	ounego (1-4 of 0 +	·	OMEN	ATZEED					
COMPLET	17. FATHER'S NAME (First, Middle, Last)			HOMEM/	AKEK	40 1407145010 14	AME (First, Middle, I	4.14 . 0		
		ND A D				On the transfer		or and a second		
H	FELIPE ESC(19a. INFORMANT'S NAME (Type/Print)	JBAK		_	_	AMALIA		TILLO		
၉						eet and Number or Rural	•			
	GLORIA M. LALKA			.05 AI	RCOLA	AVENUE S	ILVER SE	RING, MA	RYLA	ND 20902
- 1	20a. METHOD OF DISPOSITION 1X Durial 2 Gramation 3 G Ram	royal from State	20b. PLACE A cemetery, crei		F DISPOSITION	Name of	DATE 2	ec. LOCATION —	City or To	wn, State
	4 □ Donation // □ Other (Specify)/	9	GATÉ C	F HE	AVEN C	EMETERY	3/19 8	ILVER S	PRIN	G, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAM	E AND ADDRESS OF FA	CILITY			
- 1	WIND D	70 - 1.	V.			CIS J. CO			,	
\dashv	22 DATT I Date the disease of	iasan	- JR		300	UNIVERSIT	X BLVD.,	W. SIL.	SPR.	,MD.20901
	23. PART I. Enter the diseases, or shock, or heart failure.	List only one cau	se on each line	inth, Do no	ot enter the	mode of dying, suc	th as cardiac or	respiratory sn	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final									Opent and Doub
	disease or condition resulting in death)	· art	20,00	501.	eroti	c He	ia -t	Des	seas	SS.
			OR AS A CONSEC							
z		b								
일	Sequentially list conditions, If any, leading to immediate	DUE TO	OR AS A CONSEC	UENCE OF)	:					1
გ	cause. Enter UNDERLYING CAUSE (Disease or injury	C.								
	that initiated events	DUE TO	OR AS A CONSEC	NUENCE OF)	:					
E	resulting in death) LAST									
5 I	d.									
	PART II. Other significant condition	ds contributing to	death but not re	esulting in	the under	ying cause given in		AS AN AUTOPSY ERFORMED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
SAL SAL	PART II. Other significant condition	d.	death but not re	esulting in	the underi	ying cause given in	Р		24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
DICAL	PART II. Other significant condition	d	death but not n	esulting in	the underi	ying cause given in	Р	ERFORMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DICAL	PART II. Other significant condition	ds contributing to	death but not n	esulting in	the underi	ying cause given in	Р	ERFORMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
DICAL	25. WAS CASE REFERRED TO MEDICAL	ds contributing to	death but not n	esulting in		ying cause given in	1 D	ERFORMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			21 OTHER:	I. PLACE OF DEATH (C)	1 🗆 '	ERFORMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		ER/Outpetient 3	□ DOA	28 OTHER: 4 □ Nursing (I. PLACE OF DEATH (C)	1 D	PERFORMED? FES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 Se. DATE OF (Month, De	ER/Outpetient 3 INJURY y, Year)	DOA 28b. TIME INJU	28c. M 1	I. PLACE OF DEATH (CF	neck only one) 8 Other (Speci	PREFORMED? YES 2 NO NO HOW INJURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Da	ER/Outpetient 3	DOA 28b. TIME INJU	28c. M 1	I. PLACE OF DEATH (CF	neck only one) 8 Other (Speci	PERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Da	ER/Outpetient 3 INJURY ny, Year) F INJURY — At hor	DOA 28b. TIME INJU	28c. M 1	I. PLACE OF DEATH (CF	neck only one) 8 Other (Speci	PERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO 27. MANNER OF DEATH 1. Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, De	ER/Outpetient 3 INJURY ny, Year) FINJURY — At horetc. (Specify)	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28c. RY M 1 reet, factory, 4	I. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO	neck only one) 8 Other (Speci	PERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	CURED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, De	ER/Outpetient 3 INJURY ny, Year) FINJURY — At horetc. (Specify) my knowledge, der	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28c. RY M 1 reet, factory, 4	I. PLACE OF DEATH (C' Home 5 Residence INJURY AT WORK? YES 2 NO office	neck only one) 8 Other (Specil 28d. DE\$CRIBE 28f. LOCATION (City or Town,	PREPORMED? (ES 2 NO NO NO NO NO NO NO NO NO NO	CURED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 No 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	HOSPITAL: 1 Inpetent 2 Inpetent 2 Sea. DATE OF (Month, De Duilding, de Duilding, de Duilding, de Des Control de Des Control de Des Control de Des Control de Des Control de Des Control de Des Control de Des Control de Des	ER/Outpetient 3 INJURY ny, Year) FINJURY — At horetc. (Specify) my knowledge, der	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28c. RY M 1 reet, factory, 4	I. PLACE OF DEATH (Cr. Home 5 Residence INJURY AT WORK? YES 2 NO Hoffice dete and place, and due n, death occured at the	8 Other (Special Describe 28d. Describe 28f. LOCATION (City or Rown, at the cause(a) at time, date and picture, date and picture, date and picture)	PRFORMED? (ES 2 NO NO NO NO NO NO NO NO NO NO	CURED or Rural R	AMALABLE PROR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetent 2 Inpetent 2 Sea. DATE OF (Month, De Duilding, de Duilding, de Duilding, de Des Control de Des Control de Des Control de Des Control de Des Control de Des Control de Des Control de Des Control de Des	ER/Outpetient 3 INJURY ny, Year) FINJURY — At horetc. (Specify) my knowledge, der	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28c. RY M 1 reet, factory, 4	I. PLACE OF DEATH (C/	B Other (Special 28d, Describe 28d, Describe 28f, LOCATION (City or Town, at the cause(a) at time, date and platements.	PRFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	CURED or Rural R led. ne cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and menner as stated. (Month, Day, Year)
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 299. CERTIFIER (Check only one) 299. SIGNATURE AND TITLS OF CERTIFIER	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, De building, of building, of the best of	ER/Outpetient 3 INJURY Ny, Year) FINJURY — At horetc. (Specify) my knowledge, detamination and/or in	DOA 28b. TIME INJU	OTHER: 4 Nursing OF 28c. RY M 1 reet, factory, of	I. PLACE OF DEATH (Cr. Home 5 Residence INJURY AT WORK? YES 2 NO Hoffice dete and place, and due n, death occured at the	B Other (Special 28d, Describe 28d, Describe 28f, LOCATION (City or Town, at the cause(a) at time, date and platements.	PRFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	CURED or Rural R	AMALABLE PROR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, De Duliding, of Duliding,	ER/Outpetient 3 INJURY y, Year) F INJURY — At horate. (Specify) my knowledge, deal amination and/or in	28b. TIME INJU me, tarm, str sth occurred restigation	OTHER: 4 Nursing OF 28c. RY M 1 reet, factory, 4 d at the time, 4 , in my opinio	PLACE OF DEATH (CI	s Other (Special 28d, DESCRIBE 28f, LOCATION (City or Town, at time, date and planets)	PRFORMED? (ES 2 NO NO NO NO NO NO NO NO NO NO	CURED or Flural Flood, ne cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and menner as stated. (Month, Day, Year)
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1	-	STATE REGISTRAR
_	_	

	- STATE REGISTRAR	OMIL OF IT	,,,,,,,				DEATH			EG. NO	_		
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF				3. TIME OF DEATH TO
	Hugo R. Er	Hugo R. Ericsson							March	1994 EAR		11:30 P	
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yra	s. last birthday)	IF UNDER	1 YEAR	IF UNDER 24	HRS.	7. DATE OF E	BIRTH		T	IPLACE (State or Foreign
-1	577-44-2701	t.ŒM 2 □ F	89		MONTHS	DAYS	1	WIN.	Feb.	y, Year)	05	Swed	y)
	9a. FACILITY NAME (If not institution, give	Street and number			Oh CITY	TOWN	OR LOCATION	OF DE) 1)	_	UNITY OF D	
		1.00							AIR				
2	Randolph Hills N	ursing no.	ше		211	ver	Sprin	ıg			Mo	ntgor	nery
	t0e. STATE 10b. COUN	TY		10c. CIT	TY, TOWN C	OR LOCA	TION						tod. INSIDE CITY
DINECTOR	Maryland Montgomery			Sil	lver	Spr	ino						LIMITS? t X YES 2 □ NO
	10e, STREET AND NUMBER	<u> </u>		7 7 2.		-	M. ZIP CODE		-		T too CI	TIZEN OF 1	WHAT COUNTRY?
CINCUM	10610 Greenacre	e Drive					20903						
	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II S	APMED	1 12	WAS DE						_	States
- 11	1 Never Married 2 Amarried	FORCES? 1	YES 2	NO		If yes, sp	CENDENT OF H pecify Cuben, I	Mexica	n, Puerto Ricer		or No—	Blac	E — Americen Indian, k, White, etc.
5	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	1 YES	S ≱(XNO	Specify	r			Spec	White
	15. DECEDENT'S ED	UCATION	16a	. DECEDENT'S	USUAL O	CCUPATI	ON	-	165 KIN	D OF BU	SINESS/IN	DUSTOV	***************************************
	(Specify only highest grad			(Give kind of life. Do NOT u	work done	during m	ost of working		Touc Kill	0, 00	3111237111	DOSTAT	
	Unknown	College (1-4 or 5+		ker					F	bod			
	17. FATHER'S NAME (First, Middle, Last)		Da	INCL			Les MOTHER				0		
	Axel Ericksso	n					10. MUTHER	AN G	ME (First, Middl				
:	19e. INFORMANT'S NAME (Type/Print)	11							Elin		man		
			l				end Number or						00.00
1	Linnea Simons						res Dr	. S					
ı	20e. METHOD OF DISPOSITION 1 □ Burlel 2 🙀 Cremetion 3 □ Res	noval from State	20b. PLA cemetery	CE AND DATE	of DISPOS	ITION (N	eme of		DATE	20c. LO	CATION -	- City or To	nvn, State
	4 Donation 5 Other (Specify)		Ft.	Linco			atory			Bre	ntwo	od Mo	
	21. SIGNATURE OF TUNERAL SERVICE L	ICENSEE					ND ADDRESS			1 ц.	200	Inc	
	Nows (X.C)	Grant-											Constant Mil
7	23. PARTA. Enter the diseases, or	complications that	caused the	death Do	not enter	the m	Mew In	allip	SHILLE	Ave	• DT-	rver	Spring, Md.
	anock, or heart fallure	List only one cau	se on each	line.								Twat,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Paul	0011	6118	1	Ses	al	3	arl	ne)		Onset and Death
1	resulting in death)												Louve
-11		OUE TO	10-10	1/10	ne	0/	sall	cen					1 unon
	Sequentially list conditions,	b. Die TO	OB AC A COL	SEQUENCE O	1	1				Α.			/
	if any, leeding to immediate cause. Enter UNDERLYING	A 10	0- 100	3Cle	194	lie	18	200	d'	Wri	SCE	n	ple
	CAUSE (Disease or Injury	C. DUE TO	OR AS A CON	SEQUENCE O	F)								
	that initiated events resulting in desth) LAST	Prain	500	SEQUENCE O	VA	- 7	E A	・ノム) 40/	1 he	297	9.	Ì
									0 "		0		
	PART II. Other significant condition	ns contributing to	death but n	ot reaulting	In the up	derlyln	g cause give	eŋ In	Part I. 24s		AUTOPSY	24b	WERE AUTOPSY FINDINGS
	Dementia	, I'here	wou	in,	Ju	ne	NOF.	e	1.5	PERFO	. /		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1								_ ''	TES A	(() MO		OF DEATH?
	Care								-				1 TYES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					/ 24 0	LACE OF DEAT	THI MOL	at anti-				
	EXAMINER?	HOSPITAL:			OTHER	₹:							
	27. MANNER OF DEATH	1 Inpatient 2 I					ne 5 Resid	ence					
	1 Natural 5 Pending	(Month, De		26b, TIN	JURY M	W	JURY AT ORK?		26d. DESCRI	BE HOW	NJURY O	CURED	
	2 Accident Investigation	20 51 105 01					YES 2 N	10					
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE Of building,	etc. (Specify)	t home, term,	street, fect	ory, offic	te		26t. LOCATIO City or To			or or Rural I	Route Number,
				-									
	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge	, death occurr	red at the t	lme, dete	e and place, en	id due	to the cause(e) end ma	nner es st	nted.	
	2 MEDICAL EXAMIN	ER: On the baels of ex	amination end	l/or investigation	on, in my o	pinion,	death occured	at the	time, date and	place, er	nd due to t	the cause(s) end manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIC	ER					29c. LICENS	E NUN	IBER		29d. DA	TE SIGNED	(Month, Day, Year)
	Oliver 1/a	ulles	Ami	g			かう	4	4/0		•	3/	14/9/1
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type	. Print)			7	TIU		1	/_	. 11.4
					2001		"			_			
-	Dr. Oliver Lawle 31. DATE FILED (Month, Day, Year)	SS 3801	Inter	nation	nal D	riv	e #201	I	llver	Spr	ing,	MD 2	20906=1550
ł	MAR 2 2 199	1 June 1	Davidson	Pandel	2								
i.	MIMIL & & 100												

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

The state of the s

DIVISION OF VITAL RECORDS, P.O. BOX 68760

a correlation as or	TO RE COMPLETED BY DHYSICIAN: MEDICAL CERTIFICATION
l examiner must be notified at once.	iMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF GEATH									
	EDWARD EDELMAN MARCH 18, MY 1994 YEAR 2:30 AM M									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign									
- 9	451-56-3585 1XXM 2 D F 87 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)									
	99. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH									
œ	FERNWOOD HOUSE BETHESDA MONTGOMERY									
읝	RESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
ā	MARYLAND MONTGOMERY BETHESDA 1 TO YES 2 X NO									
A	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									
띪	6530 DEMOCRACY BOULEVARD 20817 UNITED STATES									
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - American Indian,									
	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.} Black, White, etc. 1 YES 2 NO Specify: Specify:									
BY	3 X Widowed 4 Divorced WHITE									
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working									
9	Elementary/Secondary (0-12) College (1-4 or 5+)									
<u>a</u>	5+ ATTORNEY US GOVERNMENT									
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)									
BE (WOLF EDELMAN ANNA DOCKMAN									
5	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
-	NANCY PHILLIPS (DAUGHTER) 73 TREMONT ST., CAMBRIDGE, MA 02139									
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Company of other place) 20c. LOCATION — City or Town, State									
- 1	Complete Completion 3 X Removed from State Complete Compl									
- 1	22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPLES, INC.									
	1170 ROCKVILLE PIKE-ROCKVILLE, MD. 20852									
	23. PART V Enter the disease, or complications that caused the deeth. Do not enter the mode of dving, such as cardiac or reapiratory arrest									
- 4	interval Between Onset and Death									
	disease or condition Poc Diagram ADVII & DILLIVE									
	resulting in death) a. DUE TO/(OR AS A CONSEQUENCE Of):									
-	Sequentially list conditions. Due toylor as a consequence of the part of the conditions. Sequentially list conditions.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
S	cause. Enter UNDERLYING DO COLOR TO COL									
E	CAUSE (Disease or injury thet initiated eventa Due 10 on As A CONSEQUENCE OF):									
E	resulting in death) LAST									
2	PART /h, Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS									
DICAL	PERFORMED? AVAILABLE PRIOR TO									
ED	1 YES 2 FM NO OF DEATH?									
Σ	Dementia									
Z										
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: QTHER:									
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
H	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year)									
В	2 Accident Investigation " 1 YES 2 NO									
	3 Suicide 8 Could not be 26e. PLACE OF INJURY — At home, ferm, etreet, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)									
E I	4 Homicide determined									
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as steted.									
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated.									
	29b. SIGNATURE, AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
BE	Merlyn Vernury MD PHYSICIAN D35791 > 3/18/94									
2										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED BAUSE OF DEATH (ITEM 27) (Typo, Print). M VEMURY, 9801 GEORGIA AVE, SUITE 227, SILVER SPRING.									
	31. DATE FILED (Month, Day, Year) MAR 9 9 1994 MAR 9 9 1994									

Louise Edmonson

	1 - STATE STATE CF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
1	1. DECEDENT'S NAME (First, Middle, Last)				-11000				2. DATE OF		AY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	LOUISE N			ONDSO				March	13.	1994	4	11:10 A
	212-14-4808	5. SEX	6. AGE (In yrs. le	est birthday) YRS.	IF UNDER 1	DAYS	HOURS	24 HPIS. MIN.	7. DATE OF I	BIRTH	1908	8. BIRTHPL Country)	EDEN, MD.
	9a. FACILITY HAME (If not institution, give st		- 67	rna.	ah crrv	TOWAL OF	A LOCATIO			14,		TTY OF DEA	
E		Conto	\ ? °	ı		bury		ATH.					
5		sbury Nursing & Rehab. C										LCOMIC	
DIRECTOR	MD. WICOMICO				ALISB		ON					100	Od. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER 516 OVE	RBROOK DR	IVE			101.	ZIP CODE	1801	10g. CITIZEN OF WHAT USA			AT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2		H	yes, spec		n, Mexican	IIC ORIGIN? (S. n, Puerto Ricar /:		or No-	14. RACE — Black, V Specify:	American Indian, White, etc.
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL OC	CUPATION	N t of workin	0	16b. KJN	O OF BU	SINESS/INC	USTRY	DE TOT
	Elementary/Secondary (0-12)	College (1-4 or 5+)) I	Give kind of the Do NOT us MESTI		and mod		9	CAM	וססכו	i cni	ID / DE	ETIRED)
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	*	DUI	MESII	<u> </u>		10 140771	ED'O NA	ME (First, Middl			אר) יונ	- IINLD)
BE CO		NOAH FI							MARY	WASH	IE		
5	190. INFORMANT'S NAME (Type/Print) MARIAN PARKER		15		ADDRESS DDRES				BOVE	City or Tow	n, State, Zip	Code)	
	20a. METHOD OF DISPOSITIOH 1 X Burlet 2 Cremetion 3 Remo	oval from State	20b. PLACE	AND DATE	OF DISPOSIT	TION (Nan	ne of		DATE			City or Town	, State
	4 Donation 5 Other (Specify)		SPRIN	SHILL	_	·		_	3-17	HEE	RON,	MU.	
	· Lorella	B. Jol	ley		JO	LLE	Y MEI	YRRI	AL CHA	PEL	12	13 JEI	RSEY ROAD,
	23. PART I. Enfer the diseases, or o shock, or heart failure.	omplications that List only one caus	ceused the d	eath. Do i	not enter t	the mod	le of dyl	ng, such	h aa cardlac	or reap	iratory arr	eat,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Son	de a	Removies Onset and Douth									
		DUE TO	OR AS A CONSE	EDUENCE O	F):								
NO.	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
CAT	If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEDUENCE OF):												
E	resulting in death) LAST									-			
	PART ii. Other significant condition	contributing to	death but not	reaulting	in the unc	derlying	cause g	iven in	Part i. 24	. WAS AN	AUTOPSY MED2		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
PHYSICIAN: MEDICAL								10	YES 2		C	OMPLETION OF CAUSE F DEATH?	
×									_			1	YES 2 HD
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL 4	ICE OF D	FATH /Chi	ack only one)				
SIC	EXAMIHER? 1 YES 2 W NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	t:			& Other (Sp	anc#v1			
¥	27. MAHHER OF DEATH	26a. DATE DF I		28b. TIM		28c. IHJU WOR	IRY AT		28d. DESCRI		NJURY OC	CURED	
B	1 Pending 2 Accident Free Investigation				М	1 🗌 YI	ES 2	NO					
COMPLETED	3 Suicide 6 Could not be determined	26e. PLACE OF building, a	FINJURY — At h itc. (Specify)	ome, farm,	street, facto	ory, office			28f. LOCATIO City or To	H (Street a wn, State)	and Number	or Rural Rou	te Number,
2	29a. CERTIFIER (Check only	CIAN: To the best of r	my knowledge, d	eath occurr	ed at the tin	me, data a	and place,	and due	to the cause(s) and mar	ner as atat	ed.	
8	one) 2 MEDICAL EXAMINE		amination and/or	investigation	on, In my op	pinion, de	ath occur	ed at the	lime, date and	placa, an	d due to th	e cause(s) a	nd manner as stated.
BE	296. SIGNATURE AND SPECIFOR CERRIFIER	in					29c. LICE	NSE HUM	MBER 7V9		29d, DATI	E SIGNED (M	fonth, Day, Year)
2	30. NAME AHD ADDRESS OF PERSON WHI	**.50	E OF DEATH (ITI	EM 27) (Type	, Print)		9	/	6/		1	114	177
	William H. Robin	ns, M.D.,	Rt. 50			Stre	eet,	Sal	isbury	, MI	2	1801	
	31. DATE FILED (MONTH, Day, Year) MAR 1 6 1994		gulia Da										
	MINE I PIGN			14001	Mailand	_							



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	an.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transfit theath and Mental Houlene prior to bunal, cremation, or removal.	3
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CORDS, P.O. BOX 68760	uires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	signed by the attending physician and completely filled in by the funer Health and Mental Hydiene prior to burial, cremation, or removal.	
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EXAMINER?

1 Natural

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4 Homicide

1 YES 2 NO

27. MANNER OF DEATH

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LOIRECTOR: After this cent hours after death with the litem 28 is marked, o

TO THE HOSPITAL C TO THE FUNERAL O be filed within 72 ho IMPORTANT: If IN

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HOSPITAL OR ATTENDING PHYSICIAN:

DIVISION OF VITAL RECORDS, P.O.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3-19-94 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) George, Eldred 2. DATE OF OEATH 3. TIME OF DEATH 25 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 6 YAS. 50. HOURS "Maryland 9e. FACILITY NAME (If not institution, give str 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Medical Center DIRECTOR Annapolis Anne Arundel RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Anne Arundel Annapolis XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 619 Chesapeake Avenue 21403 USA 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YHO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 12 Decorator/Designer Retail 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) George Curtis Eldred Pearl Talley BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pearl T. Eldred 619 Chesapeake Avenue Annapolis, MD 21403 20e. METHOD OF OISPOSITION
1 ☐ Burlei 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Checoln Crematory 3/21/94 Brentwood, Maryland 4 Donetion 6 Other (Specify) 27-BIGHATURE OF FUNERAL SERVICE DICENSEE 22. NAME AND ADDRESS OF FACILITY ohn M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Preuman (a reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sarcoma 12050 CERTIFICATION Sequentially list conditions. If any, laading to immediate cause. Enter UNDERLYING outed Immer Defecting Syndrome

Due to (or as a consequence of): CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 X NO OF DEATH? 1 TES 2 T NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL

Inpetient 2 - ER/Outpetient 3 - DOA

26. PLACE OF DEATH (Check only one) 4 - Nursing Home 5 - Residence 6 - Other (Specify)

26d. OESCRIBE HOW INJURY OCCURED

1 YES 2 NO 28s. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify)

26b. TIME OF INJURY

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER
(Check only one)

29 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es attend.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

28c. INJURY AT WORK?

OTHER

F PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

HOSPITAL:

Investigation

8 Could not be determined

28e. DATE OF INJURY

Barnes, M.D. 900 Bestgate Road Annapolis, MD 21401 (410-224-0040)

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four sites death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Debt, of Health and Mental Hopiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR	CERTIFI	CATE OF D	EATH	REG. NO				
- 1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH		
	Robert Samuel	Fast	erdav		3 23	AY YEAR 94	12:20 PM		
		AGE (In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	9. BIRT	HPLACE (State or Foreign		
	214-16-1123 1 M 2 D F	73 YRS.		IOURS MIN.	JAN. 16,		IARYLAND		
TOR RO	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH CLEARVIEW NURSING HOME HAGERSTOWN WASHINGTON								
DIRECTOR	10a. STATE 10b. COUNTY			10d. INSIDE CITY LIMITS?					
	MARYLAND WASHINGTON 100. STREET AND NUMBER		BOONSBOR	O IP CODE		La orizen os	1 ₩ YES 2 NO		
FUNERAL	332 NORTH MAIN STREET			2	1713		WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR	YES 2 NO	If yes, speci		IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	n or No— 14, RAC Blac Spec	E — American Indian, k, Whita, etc. #y: WHITE		
150	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	USUAL OCCUPATION ork done during most	of working	16b. KIND OF BU	SINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use	INISTER		CHI	URCH OF C	OD		
S	17. FATHER'S NAME (First, Middle, Last)			S. MOTHER'S NAI	ME (First, Middle, Malden				
BE	DAVID SAMUEL EASTERDAY 190. INFORMANT'S NAME (Properties)	Tank assaulting	ADDRESS (O.		ACHEL NIC				
2	MILDRED G. EASTERDAY				boute Number, City or Tox		21713		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State	20b. PLACE AND DATE O	F DISPOSITION (Name	of		CATION — City or T			
	4 Donation 6 Other (Specify)	BOONSBORG				NSBORO,	MARYLAND		
1	21. SIGNATURE OF FUNERAL SERVICE VCENSEE	aul M. Dear		ADDRESS OF FAC	7606	Old Nat	ional Pike		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
CE	d								
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.								
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
I S	1 YES 2 -NO 1 Inpatient 2 E	R/Outpatient 3 DOA	OTHER:						
BY PH	1 Natural 5 Pending (Month, Day, 2 Accident Investigation	Year) INJU	M 1 YES	Y AT C? S 2 NO	28d. DESCRIBE HOW	INJURY OCCURED			
- 4	3 Suicide 6 Could not be determined 28e. PLACE OF ii building, etc	NJURY — At home, farm, st :. (Specify)	treet, factory, offica		28t. LOCATION (Street City or Town, State		Floute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of exam						s) and menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER Colored	Houl 1	2	DO78	77	29d. DATE SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE								
	Dr. Edson B. Moody, 1190 M 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S		ad, Hagei	rstown,	MD 21740				
	25 1994 Fin Sans	- fulle							

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_		FOR 1 - STATE REGISTRAR	STATE OF MARYLANI			HEALTH AND	MENTAL HYGIEN			
	ij	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MY .	3. TIME OF DEATH	
		Genevieve Lou					March 2			
		212-24-1329	1 □ M 2 □ F 6	i. lest birthday) 5 YRS.	IF UNDER 1 YEAR	B HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept 27		B. BIRTHPLACE (State or Foreign Country) Maryland	
	œ	96. FACILITY NAME (If not institution, give str Devlin Manor Nu	· ·			n or location of D	EATH		TY OF DEATH	
	DIRECTOR	RESIDENCE OF DECEDENT	ISING HOME		Cumi	oeriana —		ALLE	gany	
	BE	MD 106. STATE 106. COUNTY	aanu		Y, TOWN OR LO				10d. INSIDE CITY LIMITS?	
		10e. STREET AND NUMBER	gany	CIE	esapto	101, ZIP CODE			1 TYES 2 NO	
	FUNERAL	Route 5 Box 14	615 Spruce S	Street	<u> </u>	2150	2	USA	EN OF WHAT COUNTRY?	
	5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS	DECENDENT OF HISPAI	NIC ORIGIN? (Specify Ye		14. RACE — American Indian, Black, White, atc.	
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		15. DECEDENT'S EDUC	ATION 166	DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU		white	
	COMPLETED	(Specify only highest grade of Elementary/Secondary (0-t2)	Completed) College (1-4 or 5 +)	(Give kind of v life. Do NOT us	vork done during	most of working	166. KIND OF BU	ISINESS/INDU	SIRY	
, j		12		clerk				nnuan	ience store	
	8	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Maiden			
9 1	BE	George H. Mill	er			Lillie		pher		
	2		D = 3	_			Route Number, City or Tox	vn, State, Zip C	Code)	
2		20a. METHOD OF DISPOSITION	Folmer 20b.PLA		FDISPOSITION	Gap WV	DATE 20c. LC	OCATION — CI	ity or Town, State	
		1 M Buriel 2 Cremation 3 Remort 4 Donation 5 Other (Specify)	- Connectory	crematory or of	ther place) Cemete:	rv		awlinc	1.7	
		21. SIGNATURE OF FUNERAL SERVICE LICE		11.	22. NAME	AND ADDRESS OF FA		_	<i>,</i>	
-	-	22 BADY I Store the discourse	Nary	en	Cum	berland	Marylar	nd 2	1502	
		23. PART I. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heert failure. List only one cause on each line. Approximate interval Between								
		IMMEDIATE CAUSE (Final disease or condition	Chamic C	Inter	1-	lung dis			Onset and Death	
		resulting in death) e	DUE TO (OR AS A CON	SEQUENCE OF	T:	Conf or a	Car		Jeans	
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	를	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A CON	ISEOUENCE OF	7):					
		reaulting in death) LAST								
	L CE	PART II. Other significent conditions	contributing to death but no	ot reaulting i	n the underly	ring ceuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
THE SHALL BE TO THE	3	Covonany a	teny dixare	2		V.0443=0.0V.13	PERFO	-	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
	Ž I		J						DF DEATH?	
	Z									
3	١		HOSPITAL:		OTHER:	PLACE OF DEATH (Ch				
		1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I ER/Outpatient 26e. DATE OF INJURY	28b, TIM		INJURY AT	6 Other (Specify) 26d. DESCRIBE HOW	IN ILIBY OCCU	DED.	
) A		1 Natural 5 Pending	* (Month, Day, Year)	INJ	URY	WORK? YES 2 NO	200. 02001102 11011	MAGONT OCCO	neb	
		3 Suicide 6 Could not be	28e. PLACE OF INJURY — At building, atc. (Specify)	t home, ferm, s	treet, tactory, o	ffica	281. LOCATION (Street City or Town, State)	end Number of	r Rural Route Number,	
		4 Homicide determined								
COMPLETED			IAN: To the best of my knowledge							
5	3	2 MEDICAL EXAMINER	On the beele of exemination and	/or Investigation	n, in my opinior	1				
ä	- 68	29b. SIGNATURE AND TITLE OF CERTIFIER	(bhahum			29c, LICENSE NUI		29d. DATE	ED (Month, Day, Year)	
Ç	2 ∦	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	Test on C	01.0	10750		3	143/74	

DR. GUPTA, M.D.; MEMORIAL HOSPITAL; CUMBERLAND, MD 21502 32. PEGETRATES SIGNATURE POR SIGNATURE

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ID THE MUSTIAL OF ALL ENDING PRESIDENCY. THE TAW FEQUIPES THAT THE DESTRICT CHITICATE DE EMECUTED WITHIN ZA TROUTS ATTER DESTRICT BEAT OF THE POSTIAL OF THE MUSTIAL OF THE POSTIAL OF THE MUSTIAL OF THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builded within 72 hours after death with the State Deor, of Health and Mental Motiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH (First, Middle, Last) 2. DATE OF DEATH man 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. BURTHPLACE /S 7. DATE OF BIRTH (Month, Day, You APRIL 3, 1 🗌 M 2 😾 F YRS 578-36-7663 86 1907 RUSSIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HEBREW HOME OF GREATER WASHINGTON ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY ROCKVILLE 1 K YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 6121 MONTROSE ROAD 20852 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ВУ 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 8 OWNER **GROCERY** 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ABRAHAM **CEPPOS** RACHEL FRIEDMAN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) HAROLD FRIEDMAN (SON) 8803 BRADMOOR DRIVE, BETHESDA, MD 200 METHOD OF DEEP SETTION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State NATIONAL CAPITAL HEBREW 4 Donation CAPITAL HEIGHTS, MD 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 21. SIGNATURE ISEE 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 23. PAHT I. Inter the diseases, or complications that caused the detailed shock, or heart failure. List only one cause on each line. ses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition 2 WEEKS resulting in death) DUE TO (OR AS A CONSEDUENCE OF): BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (DR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS CARCINOMA WAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES OF DEATH? C'ARCINOMA 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DE\$CRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident

3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
	t: To the best of my knowledge, death occurred at the time, date and place, and due	
2 MEDICAL EXAMINER: 0	in the basis of examination end/or investigation, in my opinion, death occured at the	time, data and place, and due to the cause(a) and menner

		process of the time, and and process of	the country and member as state
Secret Sp	ion MD		29d. DATE SIGNED (Month, Day, Year)

10. NAME AND ADDRESS OF PERSON	WHD COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)			
BTEVEN	LIPSON,	6121	MONTROSE	RD,	ROCKVILLE,	MD
MAR 2 2 1994	PER LIBERTATION PURCHAN	Appelorages				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.)
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should	. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at ence.	

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFI			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	Edna M		rank	lia	2. DATE O MONTH	Zh 14,		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 221-16-3102	5. SEX 6. A	GE (In yrs. leet birthday) 85 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	7. DATE O	гынтн 26,1908	chin	THPLACE (State or Foreign ntry) LCOteague, VA
OR	90. FACILITY NAME (# not institution, give a PENINSULA REGIONA		CENTER		OR LOCATION OF ISBURY	DEATH	90	WICOM	
DIRECTOR	10e. STATE 10b. COUNTY Delaware Susse			town on Loca kford	ATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER # 9 Green Street			1	19945		10	g. CITIZEN OF USA	WHAT COUNTRY?
`	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, s	CENDENT OF HISP pecify Cuben, Mex S 2 NO Spe	ican, Puerto Ri		Bie	CE — American Indian, ick, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	16e. DECEDENT'S L (Give kind of w life. Do NOT use Homema	ork done during m retired.)	ost of working		None		
BE CO	17. FATHER'S NAME (First, Middle, Last) Daniel S. Birch				Lucin	da M. I	ddle Melden Surn Merritt		
2	19e. INFORMANT'S NAME (Type/Print) Albert Franklin				end Number or Rur reet, F				9945
	20e. METHOD OF DISPOSITION 1 Dentile 2 Cremation 3 Rem 4 Denation 5 Dentile Specify)	20b. PLACE AND DATE OF DISPOSITION (Name of							
	21, SIGNATURE OF PUMERAL SERVICE LIS			MEL:	SON FUNE	RAL SE	RVICES,	LTD.	
CERTIFICATION	shock, or herri fellure. IMMEDIATE CAUSE (Includes a condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Sur TO (OR A):	emal	roma	+		Z wzs
{	PART II. Other significant condition	a contributing to deat	th but not reaulting is	the underlyl	ng cause given		PERFORMED	7	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH				
5	1 Frest No 1 Impertent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
4.6	29a. CERTIFIER	ICIAN: To the best of my k	nowledge, death occurre		e end place, and d				
JMPLE				, in my opinion,	death occured at t	the time, dete o	ind place, and du	e to the cause	e(s) end manner sa stated.
IO BE COMPLETED		ER: On the basis of examin	etion and/or investigation	Print)	DESSENDED DESSENDED DESSE	NUMBER 32 99	20	d. DATE SIGNE	e(s) and manner as stated. ED (Month, Day, Year) 4 - 94

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx hours after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-training.
be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEATH
	Barbara	Finney				Februar	723,	1994	12:15pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL	ACE (State or Foreign untingtor
	278 44 1316 9e. FACILITY NAME (# not institution, give et		49 YRS.	NTHS DAYS	R LOCATION OF DI	November	т 3, ц	944 W	lestVirgin
TOR.	Greater Laurel	Beltsvill	e Hosp	Laure	1				eorges
DIRECTOR	100. STATE 100. COUNTY Maryland Princ		10c. CITY, TO	OWN OR LOCAT	ION				od. INSIDE CITY LIMITS?
ارد	10e. STREET AND NUMBER	- 0001905	Laur		ZIP CODE	·	I son CITIZ		YES 2 NO
FUNERAL	14007 Bramble				0708		USA	EN OF WITH	COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 XXVIvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (NO	If yes, spi		NIC ORIGIN? (Specify Yein, Puerto Ricen, etc.)	s or No—	14. RACE — Black, V Specify: Blac	American Indien, White, etc.
8	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S USU	IAL OCCUPATION	N .	16b. KIND OF BU	ISINESS/IND		- A
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)		N/A			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider	Sumama		
	Robert Swanson					Jackson	,		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e		Route Number, City or Tox		Code)	
임	Danny Finney					enue, Akro			44320
	20a. METHOD OF DISPOSITION 1 № Burlel 2 □ Cremation 3 □ Ramo	wal from State 20b.	PLACE AND DATE OF D elery, crematory or other CEN LAWN	ISPOSITION (No	me of	DATE 20c L	OCATION — C	Olty or Town	, State
	4 Donation 5 Other (Specify)	ENGEE .	eenlawn		D ADDRESS OF FA		con,	Onio	
	• Aunella	userku		Ives-		Funeral		es	
	23. PART I. Enter the diseases, or co	omplications that caused list only one cause on as	the deeth. Do not					et,	Approximate
	IMMEDIATE CAUSE (Final	liet Dilly One Cause Dn as	ich iina.						Interval Between Onset and Death
	disease or condition resulting in death)	CASEDIA	c ARI	Uty D	MIA				minutes
_	disease or condition resulting in death) a. CASEDIAC ARRHY THMIA DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. b. ARTHYO'S CIGNOTIC CANDI OVASCULAR DISEASE.								vears
CERTIFICATION	If any, leeding to immediate DUE TO (DR AS A CONSEQUENCE OF):								years
5	cause. Enter UNDERLYING C. CAUSE (Disease pr injury C. that initiated evente Due to (or as a consequence of):								
ᇤ	resulting in death) LAST								
	DART II ON I Mi								
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 No						AN CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?	
Σ.						_		1 '	YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER? 1 XYES 2 NO	HOSPITAL: 1 1 inpetient 2 □ ER/Outpi		THER:	s 5 ☐ Residence	6 Other (Specify)			
美	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c. INJ		28d. DESCRIBE HOW	INJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation	N/A			ES 2 NO				
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, stree	t, factory, office		281. LOCATION (Street City or Town, State		or Rural Roul	te Number,
٣	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge death occurred a	the time date	and place, and due	to the sever(s) and m		4	
N N		R: On the besis of examination							nd menner se stated.
- 11	296. SIGNATURE AND TITLE OF CERTIPIER		Day to Mes	M. Call	29c, LICENSE NUI				onth, Day, Year)
TO BE	Sullarles	Iren de	Exami	4	101	P12	▶ M	arch	10,1994
	30. NAME AND ADDRESS OF PERSON WHO	OREMD 4	1203 (DU	reens	buny 1	Rd 440	thu	:1/2	MD20781
	MAR 3 1 1994	32 REGISTRAR'S SIGNA	TURE						
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attending physician and completely filled in by the fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atten-	eath	ma
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2 Accident

4 Homicide

3 Suicide

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Thomas Forrest 2. DATE OF DEATH 3. TIME OF DEATH 256 A " 4. SOCIAL SECURITY NUMBER 5. SEX 7. Date of Birth (Month, Day, Year) Sept. 25,1928 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 207-22-8007 Pennsylvania 1 🔀 M 2 🗌 F 65 YRS. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Havre de Grace Harford Harford Memorial Hospital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Havre de Grace Harford Maryland 1 YES 2 1 NO 10a. STREET AND NUMBER 101. ZIP CODE 21078 10g. CITIZEN OF WHAT COUNTRY? 105 Hutchins Court USA 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married В 1 YES 2 NO Specify 3 Widowed 4 Divorced White 1957 - 1987 COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elamentary/Secondary (0-12) College (1-4 or 5+) US-Army Chaplain 17. FATHER'S NAME (First Middle Lest) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Forrest Frank J. McClellan S. Kathryn BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code).

105 Hutchins Court, Havre de Grace, Md. 21078 2 Lucille R. Forrest 20a. METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 NBurlal 2 D Other (Specify Memorial Gardens 3-24-94 Aldino, Md. 22. NAME AND ADDRESS OF FACILITY
HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury thet initisted events resulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceues given in Part I. . WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? COMPLETION DF CAUSE 1 YES 2 NO DF DEATH? 1 TYES 2 T NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Realdence 6 - Other (Specify) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural

5 Pending investigation 1 YES 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as attended. MEDICAL EXAMINER: On the

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32. HEGISTAAR'S SIGNATURE °q2

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lymours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us has find within 70 hours after health with the State Dear of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MA		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. OATE OF OEATH		3. TIME OF OEATH		
	W. HOPKINS F	ISHER		March 25.	1994 YEAR	7:52 PMM		
			IDER 1 YEAR	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign		
	218-12-1405 1 MM 2 F	80 YRS. MONT	HS DAYS HOURS MIN.		913 Ma	ryland		
DIRECTOR	13105 Hop Fisher Lane		rincess Ann		Some			
낊	10a. STATE 10b. COUNTY	10c. CITY, TOY	VN OR LOCATION			10d. INSIDE CITY LIMITS?		
5	Marvland Somerset	Pri	ncess Anne			1 YES 2 NO		
	10s. STREET AND NUMBER		10f. ZIP CODE	107	10g. CITIZEN OF	WHAT COUNTRY?		
띪	13105 Hop Fisher Lane		21853		11	S		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT		13. WAS OECENDENT OF HISPAN		r No 14. RA	CE American Indian,		
	IF YES, GIVE WAL	YES 2 MNO FOR DATES	If yes, specify Cubar, Mexica 1 YES 2 NO Specify		Spe	ck, White, etc.		
BY	3 Wildowed 4 Divorced				- IUh:	ite		
COMPLETED	15. OECEOENT'S EOUCATION (Specify only highest grade completed)	16a. OECEDENT'S USUA (Give kind of work d	one during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY			
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	ilte. Do NOT use retir						
₽ B	12	Farmer/		Agricul		Seafood		
8	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Sc				
H	Charles Theodore F		Emma	Alice H		3		
ဝ	19e. INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural I		State, Zip Code)			
	Mrs. Dorothy M. Fisher	20b, PLACE AND DATE OF 1	Hop Fisher		Anne			
	1 Deuriel 2 Cremation 3 Removal from State	of cemetary, crematory or of	ner place)		ATION — City or			
- 8	4 □ Donetton 5 □ Other (Specify) 21. SIGNATUBE OF FUNERAL SERVICE LICENSEE	Asbury Cem	22. NAME AND ADDRESS OF FA	13/29 Mt.	Verno	on, Md.		
			Hinman Fun					
- 1	James d. Minnon	6 MO0295	Princess A	nne. Md.	21853			
	23. PARTY Enter the diseases, or complications that shock, or heert felture. List only one class IMMEDIATE CAUSE (Finel disease or condition resulting in death)	on eech line.	metalos t		itory arreat,	Approximate Interval Between Onset and Death 1992		
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL (PART II. Other eignificant conditions contributing to d	Part I. 24a, WAS AN A PERFORN 1 YES 2 [EO?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
N.	at was over present to write the							
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Ch	eck only one)				
ΙχS			Nursing Home 5 Assidence 28c, INJURY AT	6 Other (Specify) 28d. DE\$CRIBE HOW IN.	HIEW COCHECO			
ВУ РН	1 Natural 5 Pending (Month, Da) 2 Accident Investigation	JOHY OCCURED						
						il Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axi		o(a) and manner on stated					
8								
D BE	296. SIGNATURE AND TITLE OF SETTIFIER W. G. FLOWER MP		D130	53	► 3/2	B 194		
5	William Ben Jamin H	OF DEATH (ITEM 27) (Type, Print BYNEY 10	o Power.	St Bolis	bury	Md.		
	31. DATE FILED (Month, Day, Year)	S SIGNATURE	·					

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TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a cours after death. Page 6 may be retained by the hospital or interesting physician and completely filled in by the funeral director, page 5 should be detached for use in the befield within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to burist, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	E OF MARYLAN	D / DEPARTA CERTIFIC			ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	V Cad YEA	3. TIME OF DEATH
		FRANC				7 5	94	0626 M
	4. SOCIAL SECURITY NUMBER 5. SEX		MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign puntry)
	220 -26-0148 1 M 9a. FACILITY NAME (If not institution, give street and n	, 1 00	YRS.			Nov. 18, 1		aryland
æ	Union Memorial Hosp:				R LOCATION OF OEA	тн	9c. COUNTY C	OF DEATH
읽	RESIDENCE OF DECEDENT	Ital	Ва	lto Ci	ty		Balti	more
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
ā	Maryland Kent		Ches	tertown	ì			1 TYES 2 X NO
₹ 	100. STREET AND NUMBER	10		101	ZIP CODE			OF WHAT COUNTRY?
FUNERAL	Satterfield Apt. No				21620		USA	
5	1 Naver Married 2 Married FOR	OECEDENT EVER IN U.S CES? 1 TYES 2	NO		ENDENT OF HISPANIC	ORIGIN? (Specify Yes Puerto Rican, atc.)	or No- 14. F	RACE — American Indian, Black, White, atc.
B	3 Widowed 4 Divorced	S, GIVE WAR OR DATES	; A	1 TYES	2 XNO Specify:		. 5	ipecity: Black
	15. DECEDENT'S EDUCATION	184	. DECEDENT'S US	JAL OCCUPATION	N	18b. KINO OF BUS	INESS/INOUSTF	m
ᄪ	(Specify only highest grade completed Elamentary/Secondary (0-12) College	(1-4 or 5 +)	(Give kind of work life. Do NOT use re	tired.)	st of working			
₫.	7th		Baby Si	tting		Homemak	ter	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden		
BE	Samuel Miller					da Johnsor		
o l	19a. INFORMANT'S NAME (Type/Print) Walter A. Miller					ute Number, City or Town Stertown,		
	20a. METHOD OF DISPOSITION	205 814	CE AND DATE OF C				CATION — City of	
	1 Burial 2 □ Cremation 3 □ Ramoval from 4 □ Donation 5 □ Other (Specify)		PTeasan			2/12/94 Ch		
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE				O ADDRESS OF FACI			
	1			426	Dover S	treet, Eas	ston, M	d.
\dashv	23. PART I. Enter the diseases, or complice	tions thet caused the	e deeth. Do not	enter the mo	te of dving such	es cardiac or reanis	ratory arrest	Approximate
	ahock, or heart failure. List only	one ceuse on each	line.		ao or aying, adon	os cardiac or respir	atory arrest,	interval Between Onaet and Death
	iMMEDIATE CAUSE (Final disease or condition	MYOC	42 D	ю.	1-	000	D . 1.	1 /a TSC
	resulting in death) e	DUE TO (OR AS A COI	NSEOUENCE OF):	14 C	LNF	ARCTIC) NO .	1/2/100
z	C b.	OUE TO (OR AS A COL	NARRY	Mile	seu d	ISPASE		>hotomes
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	OUE TO (OR AS A COI	NSEQUENCE OF):					API MAL
걸	cause. Enter UNDERLYING CAUSE (Diseese or injury	DUE TO (OR AS A COM	NSECUENCE OF					Kunanz
	thet initiated eventa reaulting in deeth) LAST		TOLOGENOL OI).					i
	d							
ÄL	PART ii. Other significant conditions contrib	outing to death but n	ot resulting in t	he underlying	cause given in P	Brt I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
PHYSICIAN: MEDIC	Bowers 9	De la	1AL U	ASCU	Ands	2 . 1 YES 2	□ NO	OF DEATH?
Σ	-					_		1 🗌 YES 2 🗌 NO
AN	25. WAS CASE REFERRED TO MEDICAL							
泛	EXAMINER? HOSP	ITAL:		THER:	ACE OF DEATH (Chec			
ž I		DATE OF INJURY	28b. TIME O		JRY AT	Other (Specify)	JURY OCCURE	
ВУР	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WO	RK? ES 2 NO			
	- Contracting	PLACE OF INJURY — A building, atc. (Specify)	At home, farm, stree	t, factory, office		281. LOCATION (Street a	nd Number or Au	ral Route Number,
	4 Homicide detarmined	grade (opcomy)				City or Town, State)		
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To I	he best of my knowledge	e, death occurred a	t the time, data	and place, and due to	the cause(s) and man	ner as stated.	
COMPLETED	one) 2 MEOICAL EXAMINER: On the	basis of axamination and	d/or investigation, is	n my opinion, d	eath occured at the til	ma, data and place, and	d dua to the cau	se(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER				LICENSE NUMB		29d. OATE SIG	NED (Month, Day, Year)
2	1992	1			1+ 56	257	15	2/5/94
	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH	(1) 27) (Type, Pri	" M.		HOSPITA		
	12/20/01/20	DECISTO ADIO CIONI	1	1000	· · · · ·			
4		a Davidson-R	indelle.					
	110 / 57	- 1,000,000						DMMH.18 Rev 1/89

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fter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should I		
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tte.	60	

31. DATE FILED (Month, Day, Year) MAR 23 '94

	1 - STATE REGISTRAR	TATE OF MARYLAN	ND / DEPAR	TMENT OF H	EALTH AND			
	1. DECEDENT'S NAME (First, Middle, Last)		OLIT	IOAIL OI	DEATH	REG. I		3. TIME OF DEATH
	Robert Lewis Faust					March 1	DAY	YEAR
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6. AGE (In)	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	217-36-1258 1 0	XM 2 F 5	7 YRS.	MONTHS DAYS	HOURS MIN.	April 29,	1936	Maryland
Œ				9b. CITY, TOWN OF		EATH		NTY OF DEATH
DIRECTOR	106 W. Main Street ((At. Home)		Sudlers	ville		Que	een Annes
H.	10a, STATE 10b, COUNTY	15	10c. CITY	Y, TOWN OR LOCATE	ON			10d. INSIDE CITY LIMITS?
	Maryland Queen	Annes	Suc	dlersvil	le			1XXYES 2 NO
FUNERAL	106. STREET AND NUMBER	_			ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
J ij	106 W. Main Street			210	568		Uni	ted States
5	11. MARITAL STATUS 12. V	WAS DECEDENT EVER IN U. FORCES? XX YES	S. ARMED	13. WAS DECE	NOENT OF HISPAN	HC ORIGIN? (Specify	Yea or No-	14. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	F YES, GUE WAR OR OATE	960		NO Specify			White
60	15. DECEDENT'S EDUCATION			USUAL OCCUPATION		a la constant de la c		
	(Specify only highest grade comple	leted)	(Give kind of w	vark done durina mas	of working	16b. KIND OF	BUSINESS/IND	USTRY
1 2	12	llege (1-4 or 5+)	Electric	cian & Pl	ımmer	Buildi	na Cor	ntractor
COMPLET	17. FATHER'S NAME (First, Middle, Last)			Jan G 75		ME (First, Middle, Meid		ILLACTOL
BE C	William Faust				Grace		,	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street an		Route Number, City or	fown, State, Zip	Code)
2	Lillian L. Faust					ersville, M		
	20s METHOD OF DISPOSITION 1 Notice 1 Noti	20b. PL	ACE AND DATE O	E DISPOSITION (MASS	n of	DATE 200	OCATION	Other and Thomas Contra
	4 Donation 8 Other (Specify)	Surl	ry, crematory or others	Cenetery	- March 21	L 1994 Su	dlers	ville, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	E /	ila	22. NAME AND	ADDRESS OF FA	al Homes,	D A	THE FILLY
	▶ William L. Ki	ng M	9//	Millir	s runer	aryland	P.A.	
	23. PART I. Enter the diseases, or compl	Ilcations that caused th	ne death Do n	ot entar the mod	a of dying, suci	h se cardiec or re	piratory arr	eat, Approximata
	shock, or heart fellure. List o	only one cause on each	n line					Interval Batween Onset and Daath
		Metastatic	Dance	to no				1 11
	lescriting in death)	Metastatic DUE TO (OR AS A DE	OUENCE OF	i:				4 mon.
Z	Securettette list and datas.							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury							
臣	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	ን፡				
5	d							
	PART II. Other significant conditions con	tributing to deeth but	not reaulting in	n the underlying	causa given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
일							2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä						_	1/2,	OF DEATH?
ä								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE DF DEATH (Che	ock only one)		
Sic	li nos	SPITAL: Inpatient 2 - ER/Outpatie	ent 3 🗆 DOA	OTHER: 4 Nursing Home	5 Residence	8 Other (Specify)		
E		28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	RY AT	28d. DESCRIBE HOV	V INJURY OCC	CURED
BY	1 Natural 5 Pending 2 Accident Investigation				S 2 NO			
ED	a Codid Hot be	28a. PLACE OF INJURY — building, atc. (Specify)	At home, larm, st	treet, factory, office		28f. LOCATION (Stre City or Town, Sta	et and Number	or Rural Route Number,
H	4 Homicide determined							
COMPLET		To the best of my knowledg						
OS	2 MEDICAL EXAMINER: On 1	the besix of examination en	nd/or investigation	n, in my opinion, de	ith occured at the	time, data and placa,	and due to the	e cause(s) and manner as stated,
BE C	296. SIGNATURE AND TITLE OF CONTINER	n			29c. LICENSE NUM	IBER	29d. DATE	SIGNED (Month, Day, Year)
TO B	(M/lema	elile ms			0449	731	1 3	1/21/94
F	30. NAME AND ADDRESS OF PERSON WHO COM				1-1		- /	
	Dr. Anthony Amabile	M.D Un	icorn M	ledical C	enter -	Millingt	on, Ma	ryland

32. REGISTRAR'S SIGNATURE Julia Savidson-Randoll

-

REG. NO.

2. DATE OF DEATH DAY

March 7

7. DATE OF BIRTH (Month, Day, Yea

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Weldon Leon Ferguson

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(17 m)	DIRECTOR	607 Round Top Road (AT HOME) Chestertown											
	REC	10a. STATE	10b. COUNTY			10c. CI	TY, TOWN	OR LOC	ATION				
202		Maryland	Queen	Annes		Ch	este	rtow	m				
STATE OF	PAL.	607 Down J. T.	n	1				-1	of. ZIP CODE				10g. C
transi	FUNERAL	607 Round T	ор коа						216				U
the hospital or attending physician." defached for use as the burial-transit per	BY	1 Never Married 2 X 3 Widowed 4 Divo	17 6 5-4	12. WAS DECEDEN FORCES? 1 IF YES, OIVE W	YES 2	V NO	1:	If yes, s	ECENDENT Coperity Cuba	of HISPANI n, Maxican, Specify:	C ORIGIN? (S , Puarto Rica	pecify Yes	n or No
al or attendi	COMPLETED	15. DEC (Specify only	EDENT'S EDUC	ATION completed)	164	Give kind of	work don	e durina n	TION nost of workin	107	16b. KJ	ND OF BU	SINESS/II
d for	Z.	Elementary/Secondary (0	-12)	College (1-4 or 5 -		Ille. Do NOT	usa retired	(.)		•		L 1	D
the hospit detached once.	WC	17. FATHER'S NAME (First, MI	iddle Lest)		F	laster	ыц	PMTT	~			hip l	
# 6 H		Andrew B. F		n							V. B		
retained by the hor 5 should be detach notified at once.) BE	19a. INFORMANT'S NAME (7)				19b, MAJLIN	G ADDRE	SS (Street			oute Number,		
be retige 5 s	2	Myria Fergu	son								heste		
may be		20a. METHOD OF DISPOSITI	ON n 3 □ Remo	CE AND DATE	OF DISPO	OSITION (P	Vame of		DATE	20c. LO	CATION -		
age 6 ma director, p		4 Donation 5 Other 21. SIGNATURE OF FUNERAL	(Specify)	Cru	Erumpton Cemetery 03-11-94 Crumpt					mpt			
after death. Page 6 may be yo the funeral director, page moval.				4	/ 11	11			WS -			ra1	Hom
rs after des to the fur removal.		William L. King Fellows - Wells Funeral Hom 413 W. High St., Chestertow											
certificate be executed within 24 hour ding physician and completely filled i sygiene prior to burial, cremation, or rother traumatic event, the me	CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory a shock, or heart failure. List only one eause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
v requires that the oben signed by the t. of Health and Me shows any Inju	MEDICAL	PART II. Other significes	nt conditions	contributing to	death but n	ot resuiting	in the u	underlyir	ng cause g	lven in P		. WAS AN PERFOR	RMED?
IN: The law ficate has State Dep fterm 23	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					PLACE OF DI	EATH (Chec	k only one)		
CIAN: ertifica the Stu		1 TES 2 NO		1 Inpatient 2	ER/Outpetien	R 3 🗆 DOA	4 N	ER: uming Ho	me 5 Ra	sidenca 8	Other (Sp	necify)	
NG PHYSICIA frer this certife eath with the marked, or	Y PHY		Pending	28a. DATE OF (Month, Da		28b. Til	ME OF JURY M	W	JURY AT ORK? YES 2		28d. DEŞCRI	BE HOW I	NJURY O
TTENDI TTOR: A after d	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street											
OSPITAL OR A UNERAL DIREC Ithin 72 hours ANT: If Item	COMPLET			IAN: To the best of On the beals of as									
TO THE HOSPITAL (TO THE FUNERAL D DE filed within 72 h IMPORTANT: If It	TO BE (29b. SIGNATURE AND TITLE	OF SERTIFIER	enso	lmi	m	2		29c. LICE	64	18 8		29d. DA
		30. NAME AND ADDRESS OF	PERSON WITH	COMPLETES CAUS	GE OF DEATH	(ITEM 27) (Type	a, Print)		M	0	2	16	7/

chia Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS.

3. TIME OF DEATH YEAR 1994 1237 hrs M BIRTHPLACE (State or Foreign Country) 1932 Queen Annes 9c. COUNTY OF DEATH Queen Annes 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White OF BUSINESS/INDUSTRY ip Building Maiden Surname) y or Town, State, Zip Code) town, Maryland 21620 20c. LOCATION — City or Town, State Crumpton, Maryland ral Home ral Home 21620 stertown, Maryland or respiratory srrest, Approximata interval Between Onset and Death monte WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO HOW INJURY OCCURED (Street and Number or Rural Route Number, n, State) nd manner as stated. leca, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	iours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit p or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	AIE UF	DEATH	REG. NO.			
	HOWARD I. Feigh	,+			2. DATE OF OEATH DO	" 9 YEAT	S. TIME OF DEATH 5,200 M	
	4. SOCIAL SECURITY NUMBER 5. SEX 4. AGE 1212095485 1 M 2 - F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign unitry) Md.	
TOR	90. FACILITY NAME (If not institution, give street engraumber) AUCUSTO TY OF MORRY RESIDENCE OF DECEDENT	kurd Hit	CITY, TOWN	DOT TO	MO	Balti	more City	
DIRECTOR	10e. STATE 10b. COUNTY Balfue	Al 10c. CITY TO	OWN OR LOCA	FULLY ()		10d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	Camalan Yards Nais;	us Hom	25 10	21223		10g. CITIZEN O	F WHAT COUNTRY?	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Widowed 4 Divorced 12. WAS DECECENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO					ACE — American Indian, lack, White, atd.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATI done during m	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTR	Y	
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +) Unknown	None	erea.)		N/A			
00	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	ME (First, Middle, Meiden	Sumeme)		
BE	Charles William Feight			-	ine Viola			
욘	Maxine Haines				oute Number, City or Tow esternport	,		
	20a METHOD OF DISPOSITION 200	b. PLACE AND DATE OF D	ISPOSITION (N			CATION — City or		
	4 Donetion 5 Other (Specify)	Mt.Olive	Cemete		Tia	nns Cho	ice. Pa.	
	21. SIGNATURE OF PUMERAL DERVICE LICENSEE		Boal	Funeral		nort M	d 21562	
	23. PART I. Enter the diseeses, or complications that cause	d the deeth. Do not	enter the mo	ode of dying, such	as cerdiac or respi	ratory arrest,	Approximate	
	ehock, or heart failure. List only one cause on each line: IMMEDIATE CAUSE (Final disease or condition resulting in death) a. AGD 1 M TON PALY NWN 4 3 OWAS							
	Stutted Wohler Diggel 80 year							
CERTIFICATION	if any, leading to immediate	A CONSTOUENCE OF):	VEW	er 101	961196		1 600	
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated evente DUE TO (OR AS)	A CONSEQUENCE OF:						
ERTI	resulting in deeth) LAST							
	PART II. Other eignificent conditions contributing to deeth t	but not reaulting in t	he underlyin	g ceuse given in i	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
EDICAL	Draw Atrophy	(na			PERFOR	36	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ	SEITUR WIGON	14			_ /		1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER A HOSPITAL:			LACE OF DEATH (Che	ck only one)			
YSI	1 YES 2 NO 1 Inpetient 2 ER/Out	petient 3 DOA 4		ne 5 🗆 Reeldenca				
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF	M 1 🗆	PURY AT DRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	,	
G	3 Sulcide e Could not be determined 28e. PLACE OF INJUR' building, atc. (Spe	Y — At home, ferm, atree	et, fectory, offic	•	26f. LOCATION (Street s City or Town, Stere)	and Number or Rur	al Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of exemination						se(e) end menner ae stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	eider 26	179	29c. LICENSE NUM	BER DU D	29d. DATE SIGN	NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	PEATH (ITEM 27) (Typo, ghi	111121	mit11 h	logni L	1	177./	
	31. DATE FILED (North, Day, Year)	NATURE - Factors.	WVV - V	11-7	LE IFI.IM	-		

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	- STATE REGISTRAR		CERTIFIC	ATE OF DEATH	MENTAL HYGIENI REG. NO.		
		ross carol		GROSS	2. DATE OF DEATH MONTH	94	3. TIME OF DEATH 0440 M
-	4. SOCIAL SECURITY NUMBER 064-18-0554 9a. FACILITY NAME (If not institution)	1 🗆 M 2 🔭	68 YRS. MO	UNDER 1 YEAR SF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year)	5 Coun	NPLACE (State or Foreign (TY) NEW YORK
	Shady GY	ove Adven	tist Hosp"	Rockville		Sc. COUNTY OF	tgomery
- 1	MARYLAND 100. STREET AND NUMBER	MONTGOME		OWN OR LOCATION VER SPRING			10d. INSIDE CITY IMITS? TO YES 2 NO
HA		RLACHEN DRIVE	#205	10f. ZIP CODE 20906		10g. CITIZEN OF UNITED	WHAT COUNTRY?
BY 1	11. MARITAL STATUS 1 Never Married 2 Marri 3 Wildowed 4 Divorced	12. WAS DECEDENT B FORCES? 1 I IF YES, GIVE WAR	EVER IN U.S. ARMED YES 2 NO R OR DATES	13. WAS DECENDENT OF HISPA It yea, specify Cuban, Maxico 1 YES 2 X NO Specify	an, Puerto Rican, atc.)		E — American Indian, ck, Whita, atc.
COMPLETED		College (1-4 or 5+)		MINISTRATOR	VARIOUS	INESS/INDUSTRY	
ŭ L	17. FATHER'S NAME (First, Middle, HARRY OLARS	СН		IDA BAS	ME (First, Middle, Maiden S KIN	Surname)	
	DONALD PARI	S (SON-IN	I–LAW) 27 TU	RNHAM LANE - G	ALTHERSBUR	, State, Zip Code) G, MARYLA	ND 20878
	20e METNOD OF DISPOSITION 1 (A Burlet 2 Cremetion 3 4 Donation 5 Other (Special Section 2) OF FUNERAL SER	ffy)	20b. PLACE AND DATE OF DI cemelery, cremator, or other I MI • LEBANON	CEMETERY	3/22 ADE	LPHI, MA	RYLAND
F	OF PUNCHAL SEN	VICE LICENSEE		22. NAME AND ADDRESS OF FA DANZANSKY-GOI 1170 ROCKVILI	DBERG MEMO	RIAL CHA	PELS, INC.
	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF):	s of Inline	WA famo	ing), te	2 mo-
PART ii. Other significent conditions contributing to death but not provided in the							
		0	0 1		1 Tes 2	A).IO	NERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2	25. WAS CASE REFERRED TO MED EXAMINER?			28. PLACE OF DEATH (Ch			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2		HOSPITAL:	R/Outpetient 3 DOA 4 D	HER: Nursing Home 5 - Residence	eck only one) 8 Other (Specify)		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	EXAMINER? 1	HOSPITAL: 1 Determ 2 El 28s. DATE OF IN. (Month, Day,	R/Outpetient 3 DOA 4 DOA URY 28b, TIME OF	HER: Nursing Home 5 - Residence	eck only one)		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2	EXAMINER? 1 YES 2	HOSPITAL: 1 Unpatient 2 El 28a. DATE OF IN. (Month, Day, getion 28a. PLACE OF III building, sto	R/Outpetient 3 DOA 4 DIRY Sear) 28b. TIME OF INJURY 4JURY — At home, farm, street	HER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	eck only one) 8 Other (Specify)	JURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Netural 5 Pendir 2 Accident Investi 3 Suicide 8 Could 4 Homicide 8 Could 4 Homicide 8 Could (Check only) 1 CERTIFIER (Check only)	HOSPITAL: 1 Dippetiant 2 El 28s. DATE OF III (Month, Day, 19stion not be bined 28s. PLACE OF III building, stc 3 PHYSICIAN: To the best of my	NOutpetient 3 DOA 4 DOA 14 DOA 14 DOA 14 DOA 14 DOA 14 DOA 14 DOA 14 DOA 15 DOA	HER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	eck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN. 28t. LOCATION (Street and City or Town, State)	JURY OCCURED d Number or Rural i	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
2	EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Netural 5 Pendir 2 Accident Invest 3 Suicide 8 Could 4 Homicide determ 29e. CERTIFIER (Check only one) 2 MEDICAL (1996). 29b. SIGNATURE AND TITLE OF C	HOSPITAL: 1 Uppetlant 2 Ell 1 Sea. DATE OF IN. (Month, Day. 28e. PLACE OF IP building, etc 3 PHYSICIAN: To the best of my XAMINER: On the basis of axam	NOutpetient 3 DOA 4 DOA 14 DURY Year) 28b. TIME OF INJURY NJURY — At home, farm, street knowledge, death occurred at instion and/or investigation, in	HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , factory, office the time, data and place, and due my opinion, death occurred at the 29c. LICENSE NUM	eck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN. 28t. LOCATION (Street and City or Town, State) to the cause(s) and mann time, data and place, and	JURY OCCURED d Number or Rural i	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
2:	EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Netural 5 Pendir 2 Accident Investi 3 Suicide 8 Could 4 Hornicide determ 29e. CERTIFIER (Check only One) 2 MEDICAL	HOSPITAL: 1 Spettant 2 Ell 28a. DATE OF III (Month, Day, 19stton not be linad 28a. PLACE OF III building, stc 3 PHYSICIAN: To the best of my XAMINER: On the basis of axam ERTIFIER SON WHO COMPLETED CAUSE OF	ADOUTPSTIENT 3 DOA 4 DOA 14 DOA 14 DOA 14 DOA 14 DOA 14 DOA 14 DOA 14 DOA 14 DOA 15 DOA 14 DOA 15 DO	HER: Nursing Home 5 Rasidenca	eck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN. 28t. LOCATION (Street and City or Town, State) to the cause(s) and mann time, data and place, and	JURY OCCURED d Number or Rural is er as stated, due to the cause(s) 29d. DATE SIGNED	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

Total of the second state

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By. Gravely Crystal Lynn Gravely 4. SOCIAL SECURITY NUMBER 9. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION Checket In U.S. ARMED FORCEST 1 YES 2 GIVEN 100. STREET AND NUMBER 803 Heron Court 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1 YES 2 GIVEN Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1 YES 2 GIVEN Specify: 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- It ARD RECEDENT SEQUENTION (Give kind of work done during most of working life. Do NOT use relied.) 10. STREET AND NUMBER 100. STREET AND NUMBER 101. STATE 102. STATE 103. STATE 104. STATE 105. STATE 106. STREET AND NUMBER 106. STREET AND NUMBER 107. STATE 108. STATE 109. COUNTY OF DESTREET AND NUMBER 109. CITY, TOWN OR LOCATION IT MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT SEQUENTION (Give kind of work done during most of working life. Do NOT use relied.) 10. STREET AND NUMBER 109. STREET AND NUMBER 109. CITY, TOWN OR LOCATION 119. MARITAL STATUS 119. MARITAL STATUS 1108. STATE 1109. STATE 1109. STATE	
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 1 MA 2 OF F SUBSTITE SOUTH SUBSTITE SUBSTITE SOUTH SUBSTITE SUBSTITE SOUTH SUBSTITE	3. TIME OF DEATH
Be. FACILITY NAME (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEF Prince Georges Hosptial Center Cheverly Prince Georges 10c. CITY, TOWN OR LOCATION OF DEATH 10d. STATE 10d.	10:02 Pm
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apacity Cuban, Maxican, Puarto Rican, etc.) 17. Nover Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apacity Cuban, Maxican, Puarto Rican, etc.) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.) 19. NOTHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surmame) 16. MOTHER'S NAME (First, Middle, Meiden Surmame) 17. FATHER'S NAME (First, Middle, Last) 18. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City	yland
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apacity Cuban, Maxican, Puarto Rican, etc.) 17. Never Married 2 Married 3 Widowed 4 Divorced If Yes, Give War Or Dates 10. Yes 2 MO 11. Yes 2 MO 12. Was DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.) 19. MOTHER'S NAME (First, Middle, Maiden Surmame) 16. MOTHER'S NAME (First, Middle, Maiden Surmame) 17. FATHER'S NAME (First, Middle, Last) Buford Rydell Hodge 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 803 Heron Court, Landover, Maryland 2078	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apacity Cuban, Maxican, Puarto Rican, etc.) 17. Never Married 2 Married 3 Widowed 4 Divorced If Yes, Give War Or Dates 10. Yes 2 MO 11. Yes 2 MO 12. Was DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.) 19. MOTHER'S NAME (First, Middle, Maiden Surmame) 16. MOTHER'S NAME (First, Middle, Maiden Surmame) 17. FATHER'S NAME (First, Middle, Last) Buford Rydell Hodge 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 803 Heron Court, Landover, Maryland 2078	eorges
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apacity Cuban, Maxican, Puarto Rican, etc.) 17. Nover Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apacity Cuban, Maxican, Puarto Rican, etc.) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.) 19. NOTHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surmame) 16. MOTHER'S NAME (First, Middle, Meiden Surmame) 17. FATHER'S NAME (First, Middle, Last) 18. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) 19. Mailing Address (Street and Number or Rural Route Number, City	10d. INSIDE CITY X LIMITS? 1 YES 2 NO
Specify: Specify:	S.A.
The street is name (First, Middle, Last) Buford Rydell Hodge 19. INFORMANT'S NAME (Type/Print) Mother 19. INFORMANT'S NAME (Type/Print) Mother None 16. Mother's NAME (First, Middle, Meiden Surmame) Sheila Chynita Gravely 19. INFORMANT'S NAME (Type/Print) Mother 19. INFORMANT'S NAME (Type/Print) 803 Heron Court, Landover, Maryland 2078	American Indian, Whita, etc. Black
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nother 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 803 Heron Court, Landover, Maryland 2078	3
W (8 A WT) 00 00 000000000	85
20a. METHOD OF DISPOSITION 1	n, State
20a. METHOD OF DISPOSITION 1 Burlis! 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other piece) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arreat, shock, or heert failure. List only one ceuse on each line. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Approximeta interval Between Onset and Death
PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part is 240 MS AN AUTORS VILLE	WERE AUTOPSY FINDINGS
A: Specific state of the state	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
V Z 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 VAID TO THER: 1 YES 2 NO 1 VAID TO THE STANDARD	
A PANNIED OF DEATH	
Z S S S S S S S S S S S S S S S S S S S	
NO SULCE TIFIER 1 CERTIFINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and memory as stated	ute Number,
	and manner as stated.
29c. LICENSE NUMBER 29d. DATE SIGNED (N	Month, Day, Year)
Zevaida P. Alidon Prince George Hospital Can	ter
MAR 3 0 1994 32. REGISTRANGESCHATURE	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)				S	2. DATE OF DEATH DONTH	AY YEA	3. TIME OF OEATH		
	Lawrence	Ed	nin		5145	03	11 90	1 6 AM		
	4. SOCIAL SECURITY NUMBER 577-14-0019	1⊠M2□F 76	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 13,	1918 Wa	AShington DC		
OR	9a. FACILITY NAME (If not institution, give str Charlotte Hall Ve		e		or LOCATION OF DI tte Hall	EATH	St. N	Mary's		
FUNERAL DIRECTOR	100. STATE 100. COUNTY Maryland St. N	Mary's		ry, TOWN OR LOC arlotte				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ËRAL	106. STREET AND NUMBER Rt. 2 Box 5		•	1	01. ZIP CODE 20622	3	10g. CITIZEN O	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	If yes, a		NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.) fy:	S	AACE — American Indian, Black, Whita, etc. Specify: Vhite		
ED	15. OECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTR	TY .		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Painte	ise retired.)	nost or working	Pair	nting			
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maider				
BE C	Harry A. Glorius				Lydia	Payne				
ТОВ	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lawrence E. Glorius, Jr. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10011 Allentown Rd., Ft. Washington, MD 20744									
	206. METHOD OF DISPOSITION 1 Department of the properties of the									
	21. SIGNATURE S PONERAL SHEVICE I CENTURY 22. NAME AND ADDRESS OF FACILITY									
9	Benjamin M. Matthews M00658 P. O. Box 156, Waldorf, MD 20604-0156									
	23. PART I. Enter the diseases, or c	2,222,232,232,752	10.00					Approximata		
	shock, or heert fellure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel									
	disease or condition resulting in death)	Acuto	Kes	DIFAT	cry	Failur	C			
	resulting in death) a. A cute Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF):									
TION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST d									
	PART II. Other aignificent conditions	s contributing to death	but not resulting	in the underly	ng cause given in	Part i. 24e. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
<u>ठ</u>							RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL						1 YES	2 10	OF DEATH?		
ä										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C	heck only one)		-		
PHYSICIAN:	1 YES 2 NO	1 Inpatient 2 ER/Ou			nme 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	IN ILIEN ACCURE			
	1 Natural 5 Pending	(Month, Day, Year)		JURY \	VORK?	280. DESCRIBE HOW	INJUNT OCCURE			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm.				I. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	(Crieck Only	CIAN: To the best of my kno								
ő	one) 2 MEDICAL EXAMINE	R: On the basie of examinati	on and/or investigat	lon, in my opinion	, death occured at th	e time, data end place, o	and due to the car	use(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NU	3/73	29d. DATE \$10	NED (Month, Day, Year)		
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (To	no Drintt						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1		FOR STATE REGISTRAR
	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH
	Catherine S.	Gross				Marc	h 19		994	4:00P M
	4. SOCIAL SECURITY NUMBER 5. SE	X 6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN	-		IPLACE (State or Foreign
	214-62-0934	M 2 X F 92	YRS.	MONTHS DAYS	HOURS MIN.	(Month, I		01	Countr	γ)
	9e. FACILITY NAME (If not institution, give street en	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		9b. CITY TOWN O	R LOCATION OF DE		26 19		NTY OF D	York
DIMECION	Meridan Nursing Cent		ek		polis			200		Arundel
<u> </u>	10e. STATE 10b. COUNTY			, TOWN OR LOCAT	ION					10d. INSIDE CITY
	MD Anne A	rundel		Annapo						1 TYES 2 NO
FUNERAL	1733 Old Annapolis B			101	21401			10g. CIT	US.	VHAT COUNTRY?
ğ	1 Never Married 2 Married	AS DECEDENT EVER IN U. ORCES? 1 _ YES : YES, GIVE WAR OR OATE	2 NO	If yes, spi	ENDENT OF HISPAR Belfy Cuben, Maxice 2 NO Specifi	m, Puerto Ric	Specify Yee an, etc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, etc. White
3	15. DECEDENT'S EDUCATION (Specify only highest grade comple	rted)		USUAL OCCUPATIO		16b. K	IND OF BUS	INESS/INC	DUSTRY	
		ege (1-4 or 5+)	IIIe. Do NOT us	e retired.)						
<u> </u>	12 2		Owner	10 perato	た	N	urser	y/La	ndsc	ape
COMPL	17. FATHER'S NAME (First, Middle, Last)	-			18. MOTNER'S NA			Sumame)		
DE C	unknown				u	ınknow	n			
10	19a. INFORMANT'S NAME (Type/Print) LeRoy Bald				nd Number or Rural Louceste					D 21401
ľ	20g. METHOD OF DISPOSITION	20b. PL	PLACE AND DATE OF DISPOSITION (Name of				DATE 20c LOCATION City of Town State			
	Burial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	om State cemeter	tery grematory of other place. Udon Park Comotory 3/23/				194 Baltimore, Maryla			
	21. SIGNATURE OF FUNERAL SERVICE LICENSER	0 11		22. NAME AN	D AOORESS OF FA	CILITYT	. 1/	T	- 1. 7	uneral Home
-	(L. 1. 0.0 1	41.		117 Du	ha al Go	Jon	n m. +	raye	or r	uneral Home olis, MD
-	23. PART I. Enter the diseases, or compli	cations that caused the	o death Do o	of order the ma	to el dular au	b as assetts	tel 3	1. A	nnap	Approximate
	shock, or heert failure. Liet or iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CO	iline.							Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Living or Injury Due TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	that initiated events resulting in death) LAST	502 10 (01 25 2 00) .						
JAL C	PART II. Other eignificent conditions conf	iributing to death but	not resulting is	n the underlying	ceuse given in	Part I. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI						— ¹	YES 2	K) NO		OF DEATH? 1 YES 2 NO
ا ز										
<u> </u>	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				
í		SPITAL: inpatient 2 - ER/Outpatie	int 3 DDA	OTHER:	5 Reeldence	8 Other	Specify)			
PH TSICIAN:	The state of the s	28e. DATE OF INJURY	28b. TIME	OF 28c. INJI	JRY AT		HBE HOW II	JURY OC	CURED	
- 1	1 Natural 5 Pending	(Month, Day, Year)	ILNI		RK? ES 2 NO					
	- Accident	28e. PLACE OF INJURY — building, atc. (Specify)	Al home, ferm, s	trael, fectory, office		281. LOCAT	ON (Street e Town, Stete)	nd Number	or Rural A	loute Number,
į	29e. CERTIFIER									
COMPLEIED	(Check only one) 2 MEDICAL EXAMINER: On I) end menner ee stated.
	290. SIGNATURE AND TITLE OF CERTISIES	1 14			29c. LICENSE NUR					
	Jack	lac			D08194					(Month, Day, Year) 21, 1994
-	30. NAME AND ADDRESS OF PERSON WHO COM Jack R. Lichtensteil				Annana	lis 1	MD 21.			
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNATI	E	100 r	m	, ,	21	101	1710	203-07101
ļ	MAD 22 1004	2. REGISTRAR'S SIGNATU	who David	son-Manda	Dia.					



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISI	TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	IMPORTANT: If Item 28 i

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

use as the burial-transit

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEI				
1. DECEDENT'S NAME (First, Middle, L	net)				2. DATE OF DEATH		3. TIME OF DEATH		
Helen	Corliss	Gilbert		March 8	1994	5:37 P			
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRT	HPLACE (State or Foreign		
322-18-8265 9a. FACILITY NAME (If not institution, g		72 YRS.	ONTHS DAYS	HOURS MIN.	Oct 6, 19		linois		
1143 Nalley Ro	ad		HOLLYWO	ood	CAIN	sc. COUNTY OF	Mary's		
Maryland St.	Mary's	Hol	lywood	ZIP CODE			LIMITS?		
						10g. CITIZEN OF	WHAT COUNTRY?		
Rt. 1 Box 1143	Nalley Road 12. WAS DECEDENT EVER	IN II & ADMED		0636	NIC ORIGIN? (Specify Ye	U.S.A			
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	S 2 ₹ NO	If yes, spi	city Cuben, Mexico	en, Puerto Rican, etc.)	Spe	E — American Indian, ck, White, etc. city: nite		
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed) College (1-4 or 5 +)	16a, DECEDENT'S U: (Give kind of wo	rk done during mos		16b. KIND OF BU	JSINESS/INDUSTRY	iiiee		
Livinovital processingly (0-12)	1 vr	Homem	aker		н	ome			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide				
Lester	Kite			Gertr	ude	Kannis	5		
18a. INFORMANT'S NAME (Type/Print)		19b. MAJLING A	DORESS (Street a		Route Number, City or To				
Marshall E. Bl	ume	204 Wo	odstock	Rd., V	illanova,	PA 1908	5-3411		
20s. METHOD OF DISPOSITION 1 Burlal 2 Coremation 3 F		Ob. PLACE AND DATE OF	DISPOSITION (Na	ne of	DATE 20c. L	OCATION — City or 1	ľown, Slata		
4 Donation 5 Other (Specify)		Lee Cremat	ory	3	/10/94 CI	inton. M	aryland		
21. SIGNATURE OF FUNERAL SERVICE	E LICENSES	0	Mattin		rdiner Fun		e, P.A. Land 20650		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO JOR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	man	los i	lure 3 ronjin	bnows	Dongot and De had a series of the series of		
PART II. Other significent condi	tiona contributing to deeth	but not resulting in	the underlying	ceuse given in	Part I. 24a. WAS A PERFO	PAMED?	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			ACE OF DEATH (C/	neck only one)		7		
1 TES 2 THO	1 Inpetient 2 ER/Ou		OTHER:	5 Realdence	6 Other (Specify)	4411			
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b, TIME INJUI	WO WO	IRY AT RK? ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED			
3 Suicide 6 Could not	Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, building, atc. (Specify)				ory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	HYSICIAN: To the best of my know						(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CENT	TO NO	E MI		29c. LICENSE NU	MBER 6419	29d. DATE SIGNE	0 (Month, Day, Year)		
J. Patrick Ja 31. DATE FILED WARM POR MAN 9 4	M.D. AGUSTRAT'S SE	Leonard		aryland	20650				

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	ENDI	OR: A	99
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in the filled in the first and the filled in the filled i	De moy whim it inous are been will be state bept. Or regul and menta hybere profit before, the medical examiner must be notified at once,
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)						2. DA	TE OF DEATH		3. TIME OF DEATH
	ANITA ROSE GORDON							RCH 8	1994	3 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mc	TE OF BIRTH onth, Day, Year)	0	IRTHPLACE (State or Foreign country)
	99. FACILITY NAME (If not institution, give	1 M 2 XF	78	YRS.			No	v. 16,1		v Hampshire
E	AT HOME	street end number)				OR LOCATION OF D	DEATH		9c. COUNTY	
5	RESIDENCE OF DECEDENT					TERTOWN			QUEEN	N ANNES
DIRECTOR	MARYLAND OUEE	N ANNES			, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	IN AIMES		CHI	ESTERTO	M. ZIP CODE			100 CITIZEN	1 YES 2 XNO
ER/	212 ROUND TOP RD	•				21620			US	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS DE	CENDENT OF HISPA	NIC ORIG	SIN? (Specify Yes	or No 14. 1	RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				S 2XXNO Specif		o Mican, etc.)		Specify:
ED	15. DECEDENT'S EDI	JCATION	16a. DE	CEDENT'S	USUAL OCCUPAT	ON	1	6b. KIND OF BU	SINESS/INDUSTI	WHITE
i i	(Specify only highest grad	College (1-4 or 5 s	·) (G	Do NOT us	rork done during m e retired.)	ost of working				
COMPLET	8		HOM	E CAF	E PROVI	DER		CARE FO	R ELDEF	RTA
	17. FATHER'S NAME (First, Middle, Lest) ANGELO BACCARI					18. MOTHER'S NA			Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)		191	s. MAILING	AOORESS (Street	ANNA C			n State 7in Code	-1
2	CHRISTOPHER GORD	ON				P RD., C				
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Ren	noval from State	20b. PLACE	NDDATE	F DISPOSITION (A	ame of	0/	TE 20c. LO	CATION City	
	4 Donation 5 Other (Specify)	CENSES	CAPIT	AL CF		MARCH 1		4 DOV	ER, DE.	
	A D	1 1			FELL	OWS-WELL	S FU	JNERAL	HOME	
	STATE STATE OF STATE	Ulanis			413	HIGH ST.	СНІ	ESTERTO	WN, MD.	21620
	23. PART I. Entar da diseasea, or shock, or heart fallure.	List only one cau	se on aach lina	ath. Do n	Dt anter tha m	oda of dying, suc	ch as ca	irdiac or reapi	ratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	REI	NAL	FAI	1.118	F				Onset and Death
	resulting in death)		(OR AS A CONSEC							monk
N	Sequentially list conditions,	b								
ATIC	if any, leading to immediata cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE OF):					
윤	CAUSE (Disease or Injury that Initiated events	c. DUE TO	OR AS A CONSEC	UENCE OF);					
CERTIFICATION	resulting in death) LAST	d								
AL C	PART II. Other significant condition	na contributing to	death but not n	esulting i	n the underlyir	g cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S	CONGESTIVE	HEA	RT F	-AIL	URE			t YES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE
MEC	DIARGTES	MELLI	TUS						^···	OF DEATH? 1 ☐ YES 2 X NO
ä										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	THE STATE OF T		OTHER:	LACE OF DEATH (Ch				
¥	27. MANNER OF DEATH	1 Inpatient 2 I	INJURY	28b. TIMI	OF 28c. IN	ne 5 Residence	-	her (Specify) EŞCRIBE HOW II	NJURY OCCURE	0
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, De	ny, Year)	INJ		ORK? YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE Of building,	F INJURY — At horetc. (Specify)	me, ferm, s	treet, factory, offic	20	28f. LC	CATION (Street e	and Number or Au	ral Route Number,
COMPLETED									_	
MPL	(Check only one)	ICIAN: To the best of	my knowledge, de	nth occurre	d at the time, date	and place, and due	e to the c	ause(a) and man	mer an eteted.	
	29b. SIGNATURE AND TITLE OF CERTIFIE		amination and/or i	nveatigatio	i, in my opinion,			te and place, en	d due to the ceu	ree(a) and manner as stated.
8	Hun A	Muli	mo			D414	-	7	29d. DATE SIG	NED (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUS	E OF OEATH (ITEN	1 27) (Type,	Print)		ر ر	,	3-	1-94
2	31. DATE FILEO (MORITI, Day, 1667) MAR 1 0 '9	32. REGISTRA	es signature who Davids	מל						
السا	THE TO J	7	mu villed	on-ya	ndell					

		FOR
1	_	STATE
		REGISTRAR

	1 - STATE REGISTRAR	STATE OF MA						MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										3. TIME OF DEATH		
	James Athur Garne					March 20,	4 YEAR	0145 A M					
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last birthde	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	PLACE (State or Foreign		
		1 M 2 🗆 F	7'3 YAS					2-2-1	131	1	JA.		
r	Et aut month of the contract	9e, FACILITY NAME (# not institution, give street and number)						EATH	121-121-121	NTY OF D	DEATH		
ECTOR	Kent & Queen Anne's Co. Hospital Inc Chestertown								Ke	Kent			
DIREC	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY LIMITS?									10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2 1678 109. CITIZEN OF WHAT COUNTRY? 2 1678										WHAT COUNTRY?		
	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S, ABMED	13	. WAS DECE	NDENT O	F HISPAN	IIC ORIGIN? (Specify Yee		14. RACI	E — American Indian.		
BYF	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.) If yes, specify: If yes, specify: NO Specify: Specify:									K, White, etc.			
3	15. DECEDENT'S EDU (Specify only highest grade		18e. DECEDEN				· ·	18b. KIND OF BUS	INESS/IN	DUSTRY	7.73-1		
COMPLE	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)											
E CO	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) LAURA WASHINGTON												
10 8	190. INFORMANT'S NAME (Type/Print)												
		20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											
	1 Burlet 2 Cremation 3 Removal from State Commetery, cregnatory or other place) Commetery, cregnatory or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	+ Denn	athu	de		20	75	AL	VERT	S,	1. IN 1	mb 21620		
	23. PART I. Enter the diseases, or	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	shock, Dr heert fellure. List Dniy one cause Dn each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (PR AS A CONSEQUENCE OF): DUE TO (PR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, b. Due to (pr as a consequence of):												
RIPICATION	DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING												
=	CAUSE (Disease or Injury that initiated events	DUE TO (C	OR AS A CONSEQUENCE	OF):									
-	resulting in death) LAST	d											
	PART ii. Other eignificent condition	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY FINDINGS											
SAL		9 GE 6						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED	D Maliona			0 (<u> </u>	JI		YES 2	□ NO		OF DEATH?		
		D Malignant Hypercalconia											
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	CE OF D	EATH (Ch	eck only one)					
é	1 YES 2 PHO	HOSPITAL:	ER/Outpetlent 3 🗆 DO/	OTHE		5 🗆 Re	sidence	8 Other (Specify)					
PHTSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		TIME OF	28c. INJU	RY AT		28d. DESCRIBE HOW INJURY OCCURED					
	1 Netural 5 Pending 2 Accident Investigation			M	1 🗌 Y	ES 2 [NO						
COMPLETED	3 Suicida 8 Could not be 4 Homicide determined	City or Town State)									Route Number,		
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner se stated.												
5	one) 2 MEDICAL EXAMIN	one) 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) end menner se stated,											
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE		- >			29c. LICE	NSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Year)		
2	1611, We		021313 > 3/21/8										
-	166/Cleum, MD. D21313 > 3/21/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) KIN K. WUN, 266 High St, Chestestown, Md. 21620												
ا ر	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR	's signature ande	02	·								
3	MAR 23'94	grina va	w (work)										

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR- After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

MAR 23 '94

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	٦	9	. If item 28 is marked at item 23 shaws any injury or other transmits against the medical available to according as according
	₹	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	TOUTCE CDA						ATE OF DEATH	AY	YEAR	3. TIME OF DEATH	
	E. LOUISE GRAHAM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In ver. last birthday) E. I.					February 27 1994					8 AM M	
	4. SOCIAL SECURITY NUMBER 5. SEX 218 24 3926 (T) 1 D M (F) 92 YRS.				1 YEAR DAYS	IF UNDER 24 HRS	(4	ATE OF BIRTH Worth, Day, Year)		Countr		
						OR LOCATION OF		Oct. 9, 1901 Maryland EATH B. COUNTY OF DEATH				
O.	Magnolia Hall Nur	sing Center		Che	ster	town			Kent			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CIT	Y. TOWN (OR LOCAT	ION					10d. INSIDE CITY	
E E	Maryland Kent			m, Md.			ZIX Y					
AL	10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZI		VHAT COUNTRY?	
FUNERAL	Cannon St.				21620 USA							
	11. MARITAL STATUS 1 Never Married Windowed	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, atc.							
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA	No		1 YES 2 NO Specify: No Specify: No White							
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEDENT'S (Give kind of	work done -	OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						··	
LE.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u		_			Her ho	·m.o			
OMI	17. FATHER'S NAME (First, Middle, Last)		nous	ewif	e	ts. MOTHER'S	NAME (F)	irst, Middle, Malden				
BE C	Wai	Lter Copper						oone	Surramer			
TO B	19e. INFORMANT'S NAME (Type/Print)	1.						Number, City or Tow		Code)		
-	The deceased while	0		non			ert	own, Md.	Md.			
	20a METHOD OF DISPOSITION BUILDED A CONTROL OF DISPOSITION BUILDED	from State 20b.	PLACE AND OATE	these aless I			1		CATION — CI			
	21. SIGNATURE OF FUNERAL SERVICE LIGEN	SEE .	hester			ID ADDRESS OF				ertown, Md.		
	> \dela \del	1:1100	10/2	P.	.11.	17-	11.	Ch - to	413 H			
	Fellows - Wells Chestertown, Md. 21620 23 PART I/Egier tha diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	Interval Betwee									interval Between Onset and Death		
	disease or condition resulting in death)								800-0			
	DUE TO (OR AS A CONSEQUENCE OF):									30000		
NO.	disease or condition resulting in death) a. June of Braun - Due to (or as a consequence or): Sequentially list conditions, Many leading to improdicts Due to (or as a consequence or): Due to (or as a consequence or):									months		
SAT	If any, leading to immediate cause. Enter UNDERLYING	•									į	
E	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE							WERE AUTOPSY FINDINGS					
MEDIC							AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
	ASCUD -	Congesti	re Hu	alt		milier	2				1 🗆 YES 2 🗎 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
SICI		OSPEPAL:	etlent 3 DOA	OTHER	et:	ACE OF DEATH						
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJI	URY AT	ce 6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED					
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Tear)	INS	M	t 🗌 Y	ES 2 NO						
ED I	3 Suicide 8 Could not be 4 Homicide determined	lectory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner so stated.											
COMPLET	(Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:											
	29b. SIGNATURE AND FITLE OF CERTIFIER		/		1	29c. LICENSE N		oata and place, er				
) BE	a Doune	Zun	Kis.			D-0035			≥29d. DATE :		(Month, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO C								-, -	-10		
	C. Gotterfied Baumann D-00354 Chestertown, Md. 21620											
2	31. DATE FILED (Month, Day, Hear) 32. REGISTRATE RIGHATURE MAR 1 '94 Junia Davidson-Randale											
	MAR 1 '94	1 dans	14-1400010-1	- I IVACOR	_							

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director,	rith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

8

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CE	RTIF			DEAT		R	EG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH			3. TIME OF DEATH
	Nora Virginia G	illum -						- 1	монтн 03	1		YEAR 94	4:00 a M
			AGE (In yrs. last	birthday)	IF UNDE	R 1 YEAR	IF UNDER 24	HRS.	7. DATE OF B			- 1	IPLACE (State or Foreign
	216-22-6531	☐ M 2 💢 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day 09-15	(Wage)	1 1	Countr	γ)
	9e. FACILITY NAME (if not institution, give stree	41	02		9h CIT	V TOWN C	R LOCATION	OF DE		191			ryland
œ	Rt. 3 Box 313	,			121		land	TOP DE	AI (I			NTY OF D	
61	RESIDENCE OF DECEDENT			-	CI	ושנוועפו	rand				A	lega	ny
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
늘	MD Alleg	anv		Cı	ımheı	cland	1						LIMITS?
	10a. STREET AND NUMBER						. ZIP CODE				10a CIT	TREN OF Y	VNAT COUNTRY?
8	Rt. 3 Box 313	Dadfond	n 1								_		THAI COUNTRY?
FUNERAL		2. WAS DECEDENT E		4ED	149		21502		C ORIGIN? (Sp			S.A.	
	1 Never Married 2 Married	FORCES? 1	YES 2 AN	0		Il yes, sp	ecity Cuban,	Maxicen	, Puerto Rican	, etc.)	or No-	14. RACE Black	— American Indian, c, White, etc.
BY	3 🛣 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR OATES			1 TYES	2X NO	Specify:			91	Speci	White
8	15. DECEDENT'S EDUCAT	ION	18e, DEC	CEDENT'S	USUAL O	CCUPATIO	NA .		Tags Man	OF BUILD	INESS/IN	DUICTON	
E	(Specify only highest grade cor Elementary/Secondary (0-12)		(Gh		work done	during mo	st of working		Tou. Kilvi	D OF 803	HINE 35/HAI	DUSTRY	
P	unknown	College (1-4 or 5 +)	Но	mema	ker				Or	n Ho)me		
COMPLET	17. FATNER'S NAME (First, Middle, Last)						44 MOTNE	010 1111	E (First, Middle			_	
Ö	John C. Baker								e "Ime				
BE	190. INFORMANT'S NAME (Type/Print)		405	MAHINO	100000	0.00							
2	Herbert Gillum								rland,		1, State, Zij		
				_		_		IIIIDE					
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remova	from Stale	20b. PLACE A cemetery, cren	natory or o	ther place)				OATE			City or To	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:	REE	Sunse	et Me					13-15	Cur	nber.	land,	MD
		1	1/	·	22.	Scar	Delli	Filr	neral H	Tome			
	Janes +	dea	sell	1		108	Virgi	nia	Avenue	- C11	mher	1 and	, MD 21502
	23. PART V Enter the diseases, or com	plicetions that c	used the dec	th. Do n	ot enter	the mo	de of dying	, such	as cardiac o	or respir	ratory an	rest,	Approximate
İ	/ shock, or heart failure. List IMMEDIATE CAUSE (Final	t only one cause	on each line.		0								Interval Between Onset and Death
	disease or condition	(1	17 /0 M	ini	X	-	Mia	1	fat	re	,		71100
	resulting in death) a	DUE TO (OF	R AS A CONSEC	UENCE OF	7:	-/	7.00	100	-				2-grain
2	DUE TO (OR AS A CONSEQUENCE OF):												
2	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
8	cause. Enter UNDERLYING												
Ē	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST												1
5	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
DICAL	rani ii. Other significant conditions c	ontributing to de	ath but not re	sulting i	n the ur	nderlying	ceuse giv	en in P	art i. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă									_ 10	YES 2	1600		COMPLETION OF CAUSE OF DEATH?
ĭ									_				1 TYES 2 NO
PHYSICIAN: ME													
3 ∥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			-		ACE OF DEAT	TN (Chec	ck only one)				
YS!	1 VES 2 NO	Inpetient 2 EF	R/Outpatient 3 (DOA	4 Nur		5 Reeld	dence 8	Other (Spe	cffy)			
표	27. MANNER OF DEATN	28a. OATE OF INJ (Month, Day,	IURY Year)	28b. TIME	E OF URY	28c. INJU	JRY AT		28d. DEŞCRIBI	E NOW IN	JURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation				М		ES 2 N	МО					
	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	JURY - At horr	ie, lerm, a	freat, fact	lory, office			26I. LOCATION	(Street ar	nd Number	or Rural A	oute Number,
COMPLETED	4 Nomicide determined		(0,000,00)						City or Tow	n, State)			
ון ב	290. CERTIFIER Check only	N: To the best of my	knowledge, deat	th occurre	d at the t	Ime dete	and place or	nd due to	a the same (a)				
Ž	one) 2 MEDICAL EXAMINER: C												and manner as almost
	29b. SIGNATURE AND TITLE OF CERTIFIER									, aca, enc			
8	The state of the s	il.					ORC. LICENS	SE NUME	DER .		29d. DAT	E SIGNEO	(Month, Day, Year)
ဍ	30. NAME AND ADDRESS OF RERSON WHO CO	OMPLETED CALIFOR	DE OCATAL STORY	270.47	0-/- "		PI	100	76		-	3//	4194
							1 0	7	1 1	M	0	-00	
1	Dr. Richard Sni	der, M.D	. Men	ioria	IT HO	spit	al Cu	ımbe	rland,	MD	215	002	
	31. DATE FILED (MORTH, Day, 1987) 1994	32. HEALTHARTS	and the same	fuen									

The state of the state of

	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached activities of house after death with the State have of Health and Mental Housen prior in build, cremation or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	L OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer has end within 20 hours after death with the State Date of Health and Mental Horisone prior to hairial cremation or removal.	1
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REGISTRAR								DEA			TAL HYGIEI REG. NO			
1. OECEOENT'S NAME (First, M	iddle, Last)	GAFF	VEY							M	ATE OF DEATH ONTH RCH 17	199	YEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In	-		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. D.	ATE OF BIRTH fonth, Day, Year)		a. BIRT	HPLACE (State or Foreign try)
219 54 214 90. FACILITY NAME (# not instit	·	1 M 2 X F		92	YRS.	9b. CITY		OR LOCATI	183		N. 20,		MAF	RYLAND
MEMORIAL HO		*						AND					LEG	
RESIDENCE OF DECE	DENT Ob. COUNTY				10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
MARYLAND	ALLE	GANY			С	UMBE	RLA	ND						1 💢 YES 2 🗌 NO
100. STREET AND NUMBER	TEDD	ACE					10	215					. S . A	WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN	U.S. ARM	IEO			ENOENT	OF HISPA		IIGIN? (Specify Y		14. RAC	E - American Indian,
1 Never Married 2 Me		FORCES?	MAR OR OAT	TES	,			2 NO			rto Rican, etc.)		Spec	
15. OECEO (Specify only h	ENT'S EOUC					USUAL O		ON ost of world	ing.	Т	16b, KINO OF B	USINESS/IN	OUSTRY	
Elementary/Secondary (0-12		College (1-4 or 5	+)	life. L	Do NOT u	se retired.) MAKE		AL OF HOME		ŀ	ном	F		
17. FATHER'S NAME (First, Midd	fie, Last)			111	OTTL	ITAKL	- 1\	16. MOT	HER'S N	AME (FI	rst, Middle, Maide			
THOMAS WHI							-				.EASUR			
JAMES T. G		Υ			443						ROCK F			29732
20s. METHOD OF OISPOSITION	٧			PLACE	NO OAT	E OF OISF	OSITION	(Name	וט כ			OCATION -		
4 Donation 6 Other (S	pecify)		- HÏ	LLC	RES	T BU		L P				CUMB	ERL	AND, MD
23. PART I. Enter the disc	19.	Tesche	uch	,		GE 20	0 R 0	GE-U GREE	PCH NE	URC ST.	CH FUN	ERLA	ND,	ME, P.A. MD 21502
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death Onset and Death Oue TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):														
Sequentielly list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	d													
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	PART ii. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 USS 2 NO									b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL							LACE OF	DEATH (C	heck or	nly one)			
1 VES 2 NO		HOSPITAL:		atient 3			reing Hor		lesidence	_	Other (Specify)			
To treatment of the	ending restigation	28a. DATE O (Month,	Day, Year)		28b. TII	JURY M	W	JURY AT DRK? YES 2	□ NO	286.	OEŞCRIBE HOW	INJURY O	CCURED	
2 Destates	ould not be termined	28e. PLACE building	OF INJURY	— At hon	ne, farm,	street, fac	ctory, offic	ce		281.	LOCATION (Street City or Town, State		er or Rural	Route Number,
and only		CIAN: To the best of												(a) and manner as stated.
	F CERTIFIE	1	6					29c, LIC	ENSE NI	JMBER 2	16	29d. DA	TE SIGNE	O (Month, Day, Year)
11/								L.V	00	11	0		11	11/94
30. NAME AND ADDRESS OF I		(DIA				M.	DIC	<u> </u>	01.5	C 0111	MDEED	1.000	21/94
30. NAME AND ADDRESS OF I	RRIC	K MEMO	RIAI			e, Print)	ME	DIC	AL.	ВЦГ	og, cu	MBER	LANI) (194) MD

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1	-	FOR STATE REGISTRAN
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIFI	CATE	OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	MAT	11371	. 173				2. DATE OF DEATH	5 – 1	YEAR	3. TIME OF OEATH		
	AUDREY	MAE	HYD								11:30 Am		
	4. SOCIAL SECURITY NUMBER 216-22-5048	5. SEX 6	8. AGE (In yrs. les		IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 - 02 -	-1905	Count	PLACE (State or Foreign by) Maryland		
	9a. FACILITY NAME (If not institution, give s				9b. CITY, 1	TOWN C	R LOCATION OF O	EATH	9c. COU	INTY OF C			
DIRECTOR	Holy Cross Hospi	tal			S	ilv	er Sprin	ıg	M	lontg	omery		
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY				Tal. 111								
2		tgomery			TOWN OR						10d. INSIDE CITY		
۱ ۵	100. STREET AND NUMBER	egomery		311	ver				10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL						101	ZIP CODE						
밀	12908 Old Colum						20904			U.S.	Α		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE			MEO MO	11	yes, sp	ENDENT OF NISPAI ecify Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, aic. White		
	15. DECEDENT'S EDUC		16a, DE	CEDENT'S I	JSUAL OCC	CUPATIO	ON .	16b. KIND OF BU	SINESS/IN	DUSTRY			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(G	ive kind of w Do NOT use	ork done du retired.)	ring mo	st of working	105. 1115 01 50	JIVL 00/114	5001111			
ᆲ	Elementary/Secondary (0-12)	2.		Homen	aker			Orar	Hom	P			
	17. FATNER'S NAME (First, Middle, Last)			HOME	Iditor		18. MOTHER'S NA	ME (First, Middle, Meiden					
0	John A. Skidmor	e					111	Keir	ou. Harry				
띪	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS /	Street e		Route Number, City or Tow	o State 7	lo Codel			
2	Joan K. Golden										Md. 20904		
	20e. METNOD OF DISPOSITION 1 Green Burlet 2 Cremetton 3 Green	oval from State	20b. PLACE of	matory or oth	ner placel			1	CATION —	•			
	4 Donation 5 Other (Specify)		Fort	Linco	1n C	rem	atory 3-	21-94 Brer	twoo	d, M	aryland		
	b S / services	70									00 New Hamp		
	Melson A. a	Chillateria						lver Sprin			and 20904		
z	23. PART I/Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ehock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Dut TO (OR AS A CONSEQUENCE OF): Sequentially list conditions.												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
ပ	PART II. Other aignificant condition	s contributing to d	eath but not a	esulting le	the und	ierlylor	cause given in	Part I. 24a. WAS AN	AllTOREY	1 041	. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying of							PERFOI 1 PES :	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEATH (Ch	eck only one)					
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3		OTHER:		e 5 🗆 Residence	6 Other (Specify)					
	27. MANNER OF DEATN 1 X Netural 5 Pending Investigation	26a. DATE OF IN (Month, Day.	IJURY	28b. TIME INJU	OF 2	8c. INJ WO	URY AT RK? /ES 2 NO	26d. DESCRIBE HOW	NJURY OC	CURED			
TED BY	2 Accident Investigation 3 Sulcide 6 Could not be determined	26e. PLACE OF I	INJURY — At ho c. (Specify)	me, ferm, st	raet, factor	y, office		261. LOCATION (Street City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET		CIAN: To the best of m	y knowledge, de	sth occurre	d at the tim	a, date	and place, and due	to the cause(s) and ma	nner ea sta	rted.	•		
S O	MEDICAL EXAMINE	R: On the beels of exer	mination and/or	Investigation	, in my opi	inion, d	eath occured at the	time, date and place, ar	due to t	he couse(s) end manner ee stated.		
믦	29b. SIGNATURE AND TITLE OF CERTIFIE	1. 1	· · ·	. /	MI	>	29c LICENSE NUI	WBER TO TO	29d. DAT	SIGNED	(Month Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON WHO	o COMPLETED CAUSE, M.D. 10	of Death (ITE)	M(27) (Type, Orgia	Print) #	307	Silver S	pring, Mar	ylan	d 20	902		
	31. DATE FILED (Month, Day, Year)	12. REGISSHAR				_		. 0,	-				
	MAR 2 2 1994	d	.,										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit parm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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Lewis Kellert, MD

31. DATE FILED (MORITI, Day, War)
MAR 2 2 1994

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF		MENTAL HYGIEN REG. NO	_				
	8	1. DECEDENT'S NAME (First, Middle, Lest) EDNA B. HOFER					2. DATE OF DEATH MONTH D. March 2	î 199	3. TIME OF OEATH 4 10:00 Am			
72	Ŋ	4. SOCIAL SECURITY NUMBER 190-34-9606		s. last birthday) 6 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/02/97	C	IRTHPLACE (State or Foreign ountry) Maine			
7	TOR	99. FACILITY NAME (If not institution, give str Friends Nursing			96. CITY, TOWN Sandy	OR LOCATION OF O						
permit	DIRECTOR	Maryland Monte	gomery		andy Sp				10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
150	FUNERAL	17350 Quaker Lar			-10	or. ZIP CODE 208	360		of what country? d States			
ding physician.	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	V NO	If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y		RACE — American Indian, Black, White, etc. Specify: White			
hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran or removal. medical examiner must be notified at once.	IPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)		Give kind of life. Do NOT us		ION ost of working	16b. KIND OF BUS	Educat:				
d by the hospit lid be detached id at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Alfred Corwin	Bailey			Minnie	ME (First, Middle, Melden e Riley	Surneme)				
y be retained to large 5 should be notified	10	190. INFORMANT'S NAME (Type/Print) Arnold Vaught					Acute Number, City or Townst, Sandy		, Md. 20860			
death, Page 6 may be funeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1	val from State 20b. PLA	Mt. H	of disposition (A other place) ebron Co	emetery	1	nchest	er, Virginia			
ter death. Pag the funeral di oval.		21. SIGNATURE OF FUNERAL SERVICE LICE	Saven	EE 22. NAME AND ADDRESS OF FAC Muriel H. Ba:								
nation,		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abook, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
execu and to bur	CERTIFICATION	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury c.										
the death certificate be the attending physician 1 Mental Hygiene prior injury, or other trau	SERTIFI	that initiated events resulting in dasth) LAST	DUE TO (OR AS A CO	NSEQUENCE O	F):							
requires that the peen signed by the color Health and M shows any inju	: MEDICAL	PART II. Other significant conditions Mccenualee	contributing to death but in Machine			ng cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN: The law ificate has I State Dept r Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	n 3 □ DOA	OTHEB	LACE OF DEATH (Ch						
NG PHYSICIA fer this certif sath with the marked, or	у РНУ	27. MANNER OF DEATH 1 Return 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM	IE OF 28c. IN	JURY AT ORK? YES 2 NO						
ATTENDING ECTOR: After is after deat in 28 is mi	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	at home, ferm,	street, fectory, offi							
Spital Dr / Neral Direi thin 72 hours	COMPLE		HAN: To the best of my knowledge t: On the basis of examination and						see(s) end manner es stated,			
TO THE HOSPI TO THE FUNES be filed within IMPORTANT:	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	(d) in	\cap		29c. LICENSE NUI D14057		29d, DATE SIG	NEO (Month, Day, Year)			

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

4000 Olney-Laytonsville Rd,

Olney, Maryland 20832

1	-	STATE REGISTRA
,	1, D	ECEDENT'S N

	1 - STATE REGISTRAR	SIAIE UP MAI				DEATH	MENIAL	REG. NO.	C		
	1, DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATN
	LYLE BERN.	ARD FR	ANGIS		HAY	TER	MA	RIU		94	06:49 Am
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthe	day) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN	,	<u> </u>	PLACE (State or Foreign
	341-03-0178	1 XM 2 F	81 YF	MONT	HS DAYS	HOURS MIN.		17,]	012	Countr	y)
	9e. FACILITY NAME (If not institution, give :	street and number)		9b.	CITY, TOWN	OR LOCATION DF DE		1/,		NTY OF D	Iowa
DIRECTOR	4103 Warner St	reet			Kensi					ntgom	
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ	100	CITY TO	WN OR LOCA	TION					10d. INSIDE CITY
Ē		gomerv	100		singt						LIMITS?
	10e. STREET AND NUMBER	gomer y		Ken		f. ZIP CODE			100 007	IZEN OF W	1 X YES 2 ND
FUNERAL	4103 Warner St				20895					States	
5	11, MARITAL STATUS	12. WAS DECEDENT EX				CENDENT OF HISPAN			or No-	14. RACE	- American Indian,
ВУ Б	1 X Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	II		pecify Cuben, Mexice 3 2 X ND Specify		lican, etc.)		Speci.	
	15. DECEDENT'S EDU		16a. DECEDE	NT'S USUA	L OCCUPATI	ON	16b.	KIND OF BUS	SINESS/INI	DUSTRY	
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kin life. Do N	d of work d OT use retir	lona during m ad.)	ost of working					
릴		4	Own	er			R	eal Es	tate	Age	ncy
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, N	fiddle, Maiden	Sumeme)		
BE C	Charles Guy Ha	yter				Itoll	Harr	ison			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDI	RESS (Street	and Number or Rural I	Route Numb	er, City or Tow	n, State, Zij	D Code)	
임	Charles G. Hayt	er	622	S.E.	. Lawı	ence Dri	ve,	Ankeny	, Io	wa .	50021
	20e. METNOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Rem	novel from State	20b. PLACE AND D.	ATE OF DIS	POSITION (N		-	- T		City or To	
	4 Donation 5 D Other (Specify)	NOVEL HOLL STATE	cemetery, crematory Montgome	ery (eremat	orium, I	nc.	Bet	hesd	a. Ma	arvland
	2 SIGNATURE OF FUNERAL SERVICE U	Special Control		846	Rober Chevy	Chase,	oury phrey Inc.	7557	ral Wisco	Home/	Bethesda- Avenue
	23. PART # Enter the diseases, or	complications that co	used the death.								Approximate
	23. PART & Enter the diseesea, or shock, or heert failure.	Liet only course	on eech line.			,,				,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disesse or condition	(=	4 / 0	1,1.		11-	- 17				Onset and Death
ŀ	resulting in desth)	e. DUE TO (OR	AS A CONSEQUENCE	E DF):	UNL	ME	NU				MOVIE
_	disease or condition resulting in death) • GUNSMOT WOUND HEAD DUE TO (OR AS A CONSEQUENCE DF): DEPRESSION INDEF										
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate		AS A CONSEDUENC						-		177007
8	cause, Enter UNDERLYING CAUSE (Disease or Injury	C.									
Ē	that initiated events	DUE TO (DR	AS A CONSEDUENC	CE OF):							
	resulting in death) LAST	d									
	PART II. Other significant condition	ns contributing to dee	oth but not result	ing in the	n underivin	a ceuse alven in	Part I	24s WAS AN	AUTOBEV	245	WERE AUTOPSY FINDINGS
3	<u> </u>	ontributing to det	All but not result	mg m m	o diluerry in	g couse given in	reit i.	PERFOR		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă							-	1 TYES 2	A-MO		DF DEATN?
Σ											1 TYES 2 ND
Z											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	26. P HER:	LACE OF DEATH (Ch	eck only on	9)			
ΙŁS	1 YES 2 ND 27. MANNER OF DEATN	1 Inpetient 2 ER				ne 5 Affesidence					
	1 Netural 5 Pending	(Month, Day, Y	ber)	TIME DF	W	JURY AT ORK?		CRIBE NOW I	NJURY OC	CURED	
B√	2 Accident Investigation	280. PLACE DF IN	-	_//		YES 2 AND	FOU		N		CH
유	3 Suicide 6 Could not be 4 Nomicide determined	building, etc.	(Specify) + ME		ractory, orn		City o	ATION (Street a or Town, State)	ing Numbe	r or Murai H	ioute Number,
E I	29e. CERTIFIER							#/	0		
MP.	(Check only	SICIAN: To the best of my									
COMPLETED	MEDICAL EXAMIN	ER: On the basis of exemi	nation end/or investi	gation, in	my opinion,	death occured at the	time, date	end place, en	d due to t	he cause(s) end manner ee stated.
BE	296. BIGHATURE AND BIFEE OF CENTIFIE	10/1	//	. ,	1	29c, LICENSE NUA	MBER		29d, DAT	E SIGNED	(Month, Day, Mier)
10	Heller	settle	41		S	D070	99		•	3-1	5-94
-	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE D	F DEATN (ITEM 27)			0 >			100		,
	TRANCE (/	MAYLE 1	0215/6	KNU	2001	10 \$	ETH	ESDA	M	02	.08171106
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE								
	MAR 2 1 1994	Juna way	dson-Rande	الأل							

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with:

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

DNMN-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician	rs after death. Page 6 may be retained by the hospital or attending physicia
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

	FOR 1 STATE	STATE OF MAI	RYLAND / DEPA			MENTAL HYGIEI	NE	
7	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	-0	M	FICATE OF	DEATH	m- 1	DAY YE	3. TIME OF DEATH
ş	4. SOCIAL SECURITY NUMBER 228 24 1450	1 M 2 🗆 F	AGE (In yrs. lest birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
TOR	96. FACILITY NAME (If not institution, give at PENINSULA REGIONA RESIDENCE OF DECEDENT		CENTER		ISBURY	ATH	9c. COUNTY	OF DEATH VICOMICO
DIRECTOR	10s. STATE 10b. COUNTY	conack		CKINCO	4	re		10d. INSIDE CITY LIMITS? 1 OF YES 2 NO
FUNERAL	3000	llow St		10f.	23336	3	10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 100 IF YES, GIVE WAR	YES 2 NO		ocify Cuben, Maxican	IC ORIGIN? (Specify You, Puarto Rican, etc.)	es or No— 14.	RACE — American Indian, Black, White, atc. Specify: Wk, 17e
OMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S (Give kind of	s USUAL OCCUPATION work done during most	st of working		9. SA	TRY
BE COI	17. FATHER'S NAME (First, Middle, Lest)	H HiTC	Lens		18. MOTHER'S NAM	AE (First, Middle, Maide	01	rrix
5		tchens	and the second second second	G ADDRESS (Street of	low S1.	CKINCO		
	20e. METHOD OF DISPOSITION 1 Method 2 Cremetton 3 Ramo 4 Donation 5 Other (Specify)	en - Le IIIee	20b. PLACE AND DATE cemetery, crematory or	other plece Da I	sey Co	3/24/94	China - City	Tengue Va
	21. SIGNATURE OF FUNERAL SERVICE LIC	e Saly	n bondo	Solly	er Func	recl Home,	Chino	Teague Va
	23. PART I. Enter the diseases, or c ehock, or heart failure. I	omplications that ca List only one cause	used the deeth. Do on each line.	not enter the mo-	de of dying, such	es cerdiac or res	piratory arrest	Approximate interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	O MOSTO COR	AS A CONSEQUENCE	limes	Com	ler .		Olisat sitt Death,
NO	Sequentielly list conditions,	DUE TO (OR	AS A CONSEQUENCE	notus	is			
ERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in deeth) LAST	(1) Do	AS A CONSEQUENCE	Hent	- Mou	me		
CER	PART II. Other significent condition	l	th but not resulting	In the undertulas	a cause chien in l	Part I as was a	N AUTOPSY	ALL MERS ALTOREY SWOMAN
MEDICAL			A. Soc flot resulting	, in the uncertying	g couse given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN: N	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Che	ock only one)		
S	EXAMINER?	NOSPITAL:	/Outpatient 3 DOA	OTHER:	e 5 🗆 Residence			
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, Y	bar) IN	M 1 1	RK? /ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
ETED	3 Suicide 8 Could not be detarmined	28e. PLACE OF IN building, atc.	JURY — At home, ferm, (Specify)	, atreel, fectory, office	-15. (1	281. LOCATION (Street City or Town, State		Aural Route Number,
COMPL	1	CIAN: To the best of my R: On the beals of exami						suse(s) and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	m)		29c. LICENSE NUM	507	29d. DATE SI	GNED (Month, Day, Year)

JUNGS 145 E.

32. REGISTRAR'S SIGNATURE

Julia Savidson-Randelle

31. DATE FILED (Month Day, Year)
MAR 2 2 1994

MRRUZI

DHMH-16 Rev 1/89

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OF VITAL
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DIVISION
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1 - STATE REGISTRAR			CEF	TIFICAL	E OF DE	чп	REG. NO.				
1. DECEDENT'S NAME (First, 1)	Middle, Last)	A. 1	Rosam	ond A.	Henry	2. D	ATE OF DEATH		3. TIME OF DE		
4. SOCIÁL SECURITY NUMBE		BEX	8. AGE (In yrs. leght bit				ATE OF BIRTH	1 6.	BIRTHPLACE (State or Country) Maryland		
90. FACILITY NAME (If not inst			snital	9b. CIT	Y, TOWN OR LOCA	oridge		9c. COUNTY			
Dorchester RESIDENCE OF DECI 10a. STATE Maryland	EDENT 10b. COUNTY	di no		IOc. CITY, TOWN		Tiuge		Dorchester			
	Doro	heste	r	Ca	ambridg			XX YES			
100. STREET AND NUMBER 203 Washii 11. MARITAL STATUS	ngton S	Street 21613						10g. CITIZEN	US		
11. MARITAL STATUS 1 Never Married 2 N 3 X Widowed 4 Divorce	12.	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU FYES, GIVE WAR OR DATES				ban, Mexican, Pue	NGIN? (Specify Yee erio Rican, etc.)	or No — 14.	14. RACE — American India Black, White, etc. Specify: White		
(Specify only	DENT'S EDUCATIO highest grade comp		(Give	DENT'S USUAL (kind of work done) NOT use retired.	during most of wo	riding	16b, KIND OF BUSI	INESS/INDUS	TRY		
7 17. FATHER'S NAME (First, Mic	fdle, Last)		Bea	uticia		OTNER'S NAME (FI	irst, Middle, Malden S	Sumamel	222		
Inomas G	. Park	s				Ella Bo		Jones			
2 Anita Hard							Number, City or Town.		d. 21613		
20a. METHOD OF DISPOSITIO	3 🗌 Removal f	from State	20b. PLACE AND	DATE OF DISPO	SITION (Name of		DATE 20c. LOC	ATION — City	or Town, State		
	1 N Buriel 2 Cremation 3 Removal from State Cemeigry, crematory or other place) Arlington National Cem. 3-24 Arlington, V										
///				22	. NAME AND ADD	HESS OF FACILITY					
23. PART. Enter the dis abock, or he iMMEDIATE CAUSE (Fina disease or condition resulting in death)	art fellure. List	olicationa thet	se on each line.	n. Do not ente	Thomas F 700 Locu	uneral st Stre	Home et Cambr cordiac or reapir ent with	atory arrest	Interval I		
ahock, or he IMMEDIATE CAUSE (Fina disease or condition resulting in death)	art fellure. List of all a	DUE TO (6	Caused the death see on each line. OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	n. Do not ente Cerebr VA c ENCE OF):	Thomas F 700 Locu	uneral st Stre	Home et Cambr cordiac or reapir ent with	atory arrest	Approxis		
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ABOCK, or he iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated eventa resulting in death) LAST PART II. Other algnifican History 2s. WAS CASE REFERRED TO EXAMINER? 1 Netural S P EXAMINER? 1 Netural S P EXAMINER? 2 Accident In CERTIFICATION CONTINUE AND INITIAL CONTINUE CONTINUE AND INITIAL CONTINUE AND INIT	ant fellure. List of all all all all all all all all all al	DUE TO (() DUE TO	OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE CON , Sen ER/Outpetient 3 INJURY — At home, otc. (Specify) Try knowledge, death amination end/or inventional control inventional c	n. Do not enter Cerebr	Thomas F 700 Locu or the mode of covascula ovascula given in Part Cutton Begiven in Part Cutton County Coun	Home et Cambr cerdiac or reapir lent with lent with lent with lent with lent with lent with lent with lent with lent with lent with lent lent with lent lent lent lent lent lent lent lent	AUTOPSY MED? No No No No No No No N	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2			
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BALTIMORE, MARYLAND 21215-0020	lined by the hospital or attending physician.	hould be detached for use as the burial-transit ;	fled at once.
	fours after death. Page 6 may be re	filled in by the funeral director, page 5 on, or removal.	e medical examiner must be no
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH	CERTIFIC	AIE OF DEATH	REG. NO.							
0.00	1. DECEDENT'S NAME (First, Middle, Last)	WKINS	1 1 1 E	2. DATE OF DEATH DAY,	SEAR 3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX 1 0 M 2 V	1 00 "	F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year)	e BIRTHPLACE (State or Foreign Country) Maryland						
E E	SINA! HOSP!		b. CITY, TOWN OR LOCATION OF D	V - / .	COUNTY OF DEATH						
151	RESIDENCE OF DECEDENT										
	10a. STATE 10b. COUNTY	10c CITY	TOWN OR LOCATION		10d. INSIDE CITY						
DIRECTOR	Maryland		altimore		1 X YES 2 NO						
FUNERAL	5835 Jonquil Ave.		101. ZIP CODE 21215	10g.	USA						
	1 VNever Married 2 Merried FORCES?	PENT EVER IN U.S. ARMED 1 YES 2 NO E WAR OR DATES	13. WAS DECENDENT OF HISPA If yee, specify Cuban, Maxico	iri, Puerto Rican, atc.)	- 14. RACE - American Indian, Black, White, atc.						
B	3 Widowed 4 Divorced	E WAN ON DAIES	1 YES 2 XNO Specif	у;	Specify: Black						
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUPATION rk done during most of working	16b. KIND OF BUSINES							
COMPLETED	Elementary/Secondary (0-12) College (1-4 or	Min Do MOT upo	retired.)	1929							
₹	17. FATHER'S NAME (First, Middle, Last)		46 MOTHED'S N	ME (First, Middle, Meiden Surna							
BE C	James William Hawki	ns	Saral		(14)						
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Number or Rural		e, Zip Code)						
2	Florence Wilson		overs Turn Rd.								
	20a, METHOD OF DISPOSITION XXBurial 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF cemetery, cremetory or other	bisposition/Name of Striplace) Church Cem. 03/	DATE 20c. LOCATIO	N — City or Town, State						
1	4 □ Donation 8 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Coopers' (hurch Cem. 03/	CHI PTV	irk, MD						
	· Spencer & S.	0000		Sewell F	uneral Home e Fred.,MD 20678						
	23. PART I. Enter the diseases, or complications to shock, or heart failure. List only one of IMMEDIATE CAUSE (Final disease or condition resulting in death)	andre (a	ust	th as cardiac or respirator	y arreat, Approximata interval Between Onset and Death						
_	DUE	TO (OR AS A CONSEQUENCE OF):	Heart	Disease							
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury	TO (OR AS A CONSEQUENCE OF):									
빙											
¥	PART II. Other aignificent conditions contribating	to death but not resulting in	the undarlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED?	AVAILABLE PRIOR TO						
EDICAL	Colina	Duralen		1 U YES 2 12 NO COMPLETE							
4: M	CNE	F			1 □ YES 2 Ø NO						
AN:	25. WAS CASE REFERRED TO MEDICAL	/	28. PLACE OF DEATH (CI	neck only one)							
SICI	EXAMINER? 1 YES 2 NO 1 Institut		OTHER:								
PHYS		OF INJURY 26b, TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY	/ OCCURED						
BY PI		n, Day, Year) INJUI	WORK?	and begonine now moon	OCCURED						
유	3 Suicide 28e, PLACI	E OF INJURY — At home, farm, str ng, atc. (Specify)	eet, factory, office	281. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,						
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the bests of										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ign	20c. LICENSE NU	MBER 85 29d	3/16 (S.A.						
F	30. NAME AND ADDRESS OF PERSON WID COMPLETING	AUSE OF DEATH (ITEM 27) (Type, F	toffberen	22 SIW	ai Hospital						
	31. DATE FILED (Month, Day, Year) 32. REGIST MAR 18, 1994 Julia	ran's signature. Lawidson-Mandalle	04 0		21215						

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	ene prior to burial, cremation, or removal.	them 23 shows any injury or other traumatic event the medical examiner must be notified at once
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											94	10095)	
	1 - FOR STATE REGISTRAR	STATE OF MA				OF HEAL		MENT	AL HYGIEN	E				
Charles Co.	1. DECEDENT'S NAME (First, Middle, Lest) PAULE TTE	Paulette	And	iree ARL	AN Ha	arlan			TE OF DEATH DA	() (YEAR 3.1	TIME OF DEATH	-	
- 1	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS.		E OF BIRTH		8. BIRTHPLA	ICE (State or Foreign	_	
	215-68-3063	1 🗆 M 2 😿 F	68	YRS.	MONTHS	DAYS HOU	RS MIN.	(Mo	nth, Day, Year) 2-06-23	5	ERA	WCE		
	9e. FACILITY NAME (If not institution, give si	reet and number)			9b. CITY, 1	TOWN OR LO	CATION OF I		. 00 - 0		TY OF DEATH		-	
OR	FALSTON GENERA	L Hosp =	200 mil To	and A	VE	FALS	TON				HATI	ford		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				Y. TOWN OR									
IR		rford				vood A	venue	Bo	1 Nir		100	I. INSIDE CITY		
	Maryland Ha	40 - 0/7/1		YES X NO	_									
FUNERAL	606 Linwood AVenu	0				10f. ZIP (1014				ZEN OF WHAT USA	COUNTRY?		
N N	11. MARITAL STATUS	EVER IN U.S. ARJ	M€D	12 W			NIC OBIC	iin? (Specify Yee			American to dis-	_		
	1 Never Merried 2 Married	YES 2 N	0	17.3	yes, specify (Luban, Maxk	en, Puerl	o Rican, etc.)	or No.	Black, Wh	American Indian, hite, atc.			
ВУ	3 ☐ Widowed 4 ☐ Divorced	" 125, 0172 100	N ON DAILS		''	_ 1ES 2 [J	NO Spec	any:			Specify:	iite		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)			USUAL OCC	CUPATION ring most of w	nekine.	1	66. KIND OF BUS	INESS/INDU			_	
	Elamentary/Secondary (9-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)		orang		F	Iome				
MP	12		H	swe	EWI	HE								
8	17. FATHER'S NAME (First, Middle, Last)	->< 6 1							, Middle, Maiden					
BE		EYGUI							10M			OFL		
2	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	CHRISTINE T	000					Ct		/					
	20e. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remo	wal from State	20b. PLACE A cemetery, crer	natory or o	ther plecel			1			alty or Town,			
	4 Donation 5 Other (Specify)	- 21 1 - H	Bel A	ir M					2-94	Bel	Air,	Md.	_	
	Howard K. McComas III Funeral Home, P.A.													
	1317 Cokesbury Road Abingdon Md 21009													
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	IMMEDIATE CAUSE (Final											Intarval Between Oneat and Death		
	disease or condition resulting in death)	Marele	del	whe	une	1								
	disease pr condition resulting in death) a. Maulium Due to (or as a consequence of):													
N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OD).													
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
5	CAUSE (Disease or injury	DUE TO (OR AS A CONSEO	LIENCE O	F):								_	
Ē	that initiated events resulting in daath) LAST	502 10 (0	on Ab A Consco	OLIVOL O							i			
CEI	d.													
	PART II. Other significant conditions	contributing to d	laath but not re	suiting	In the unde	erlying cau	sa given li	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS		
20									1 YES 2	NO	CON	MPLETION DF CAUSE DEATH?		
MEI									/			YES 2 NO		
ä							-					X		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				28. PLACE C	F DEATH (C	heck only	one)				_	
1SI	1 YES 2 NO		ER/Outpatient 3	□ DOA	OTHER:	g Home 5	Realdenca	S 🗆 Ot	her (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE DF III (Mogth, Day		28b. TIM	E DF 2:	Sc. INJURY A	T	28d. D	ESCRIBE HOW IN	JURY OCC	URED		Т	
Β¥	t Natural 5 Pending 2 Accident Investigation	7/20	194	12/	4 "	1 YES	2 NO	an	4 shu	ipi	kel			
G	Suicide 8 Could not be determined	28a. PLACE Of building, at	INJURY — At hor	ne, ferm, a	street, fector	y, office			CATION (Street a ty or Town, State)	nd Number o	or Rural Route	- 1		
E		Si	rut					2	18 Lon	woo	ran	e pul a	1	
COMPLET		CIAN: To the best of m												
O.	one) MEDICAL EXAMINER	R: On the beals of exe	mination end/or is	nvestigatio	n, in my opi	nion, death o	ccured at th	e time, da	ite end place, and	due to the	cause(a) and	J manner ee atated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	01	LONG M	ite	consu	29c.	LICENSE NU	MBER	I	29d. DATE	SIGNED (Mor		-	
	Suhard a	· Calpe	MB	1		D	011	94		D 3	120/9	19		
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	DE DEATH (ITEM	1 27) /Kma	Onine)			1	0	37			=	

DF DEATH (ITEM 27) (Type, Print)

COLFERMS
32. REGISTRAT'S SIGNATURE
a Savidson-Rondall

21. DATE FILED (Month, Day, Year)
MAR 2 2 *94

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z-riours after death. Page 6 may be retained by the hospital or attending pl	e as the b		
ospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by		ad.
the h	detac		OUC
ed by	old be		ed al
retain	5 sho		notifi
lay be	page		t be
19 9€	rector,		muss
h. Pag	eral di		niner
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rithin 2	letely	ешар	mt, th
w pern	сошр	rial, cr	C GVE
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cate by	hysicia	e prior	or tra
certifi	ding p	1ygien	r oth
death	aften	ental	ıry, o
at the	by the	M pur	를
es tha	gned	Baith a	me s
requir	s ueen	O H	show
he law	has b	Dept	n 23
AN: T	tificate	e State	T Ite
1YSICI	iis cer	rith th	ed, o
ING PI	ther th	eath w	mark
TEND	10R: A	after d	28 is
OR AT	DIREC	HOURS	tem
PITAL	ERAL	12 L	E E
E HOS	E FUN	d with	RTAN
H O	ET CL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		-	

	FOR STATE		STATE OF I	MARYLAND						MENTA		E			
	REGISTRAR 1. DECEDENT'S NAME (First,	Afficially (and)			ERTIF	ICATE	- OF	DEA	Н		REG. NO				
			VICE T							2, DATE			YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	DNSTA	5. SEX		HOOP					MAR			/ - /	11:10 AM	
				6. AGE (In yrs. Is		IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH	, , .	_Country)	ACE (State or Foreign	
	141-30-91		1 🗆 M 2 💢 F	89	YRS.				177	.12	71870)4	PENN	SYLVANIA	
-	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATH		9c. COUN	TY OF DEAT	Н	
Ö	2301 JERRY		DAD				STR	EET				l HA	RFOR	D	
2	RESIDENCE OF DEC	10b. COUNTY	,		T										
DIRECTOR	3.0				10c. CI1	Y, TOWN C							1.55	d. INSIDE CITY LIMITS?	
	MARYLAND	ri A i	RFORD			57	TREE							YES 2 X NO	
RA		, 5					101	ZIP CODE				10g. CITIZ	EN OF WHA	T COUNTRY?	
FUNERAL		's Ro						2	<u> 1154</u>	_			TED	STATES	
5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A YES 2 WAR OR DATES	RMED NO						f? (Specify Yes Rican, etc.)	or No-	14. RACE Black, W	American Indian, hits, etc.	
BY	3 Widowed 4 Divo	711	IF YES, GIVE V	WAR OR DATES				2 NO			, , , , , ,		Specify:		
	15 DEC	EDENT'S EDU	CATION											ITE	
1	(Specify only	highest grade	completed)		ECEDENT'S Silve kind of a B. Do NOT us	work done			ng	168	. KIND OF BUS	SINESS/INDL	JSTRY		
7	Elementary/Secondary (0	-12)	College (1-4 or 5	•)		- 4-1					EDUCA	TION			
COMPLETED	17, FATHER'S NAME (First, M	felella Lanti	1 YEAR	SILE	ACHE	R	_								
ၓ											Middle, Maiden	Surname)			
BE	RUSSELL 190. INFORMANT'S NAME (7		OPES					Ail			PES				
2	and the state of t										ber, City or Tow			E /s	
	ROBERT D.	CARDY	VELL 5		2301			s R	D.,	11	EET,	MD.,	211		
	20a. METHOD OF DISPOSITI	n 3 🗆 Reme	oval from State	20b. PLACE cemetery, cr			ITION (Na	me of	2/1	OF OR		CATION — C	ity or Town,	State	
	4 Donation 5 Other 21. SIGNATURE OF FUNERA			FRIF	VDS_				2	411	IFOR	EST	HILL	MD	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22.	NAME AN	ID ADDRE	SS OF TA	CILITY					
	bun.	10 /1	Mett			H.	ARK	INS	FUN	ERAL	- Номі	E, In	vc. I	DELTA, PA	
	23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	List only one cau	ise on each lin	n ₅₀	not enter the mode of dying, such as cardiac or respiratory arres					est,	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury														
ERTIFI	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	DUENCE O	F):									
_	PART ii. Other significa	nt condition	a contributing to	deeth but not	resulting	In the un	derlying	cause o	alven in	Part I.	24a. WAS AN	AUTOPSY	24b. W	RE AUTOPSY FINDINGS	
5	decas		4/(25)		_						PERFOR	IMED?	AV	AILABLE PRIOR TO	
	-1 /	1.								1 - YES 2 1 NO				DEATH?	
Σ	- am	C 74 .				-	-						1	YES 2 NO	
A N															
7 1	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL.	HOSPITAL:			OTHER		ACE DF D	EATH (Ch	eck only or	16)				
\simeq 1	HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 D						sing Hom		esidence	6 🗆 Othe	r (Specify)				
YSIC				27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OC									URED		
PHYSIC	27. MANNER OF DEATH	Pandina	28a. DATE OF		28b. TIM	URY	1 Naturel 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation								
	27. MANNER OF DEATH 1 (Netural 5		28a. DATE OF (Month, D	lay, Ybar)	IN.	M	1 🗆 1	RK? /ES 2	NO	200. DE.	CHIBE HOW I	NJURY OCC			
BY	27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6	restigation Could not be	28a. DATE OF (Month, D		IN.	M	1 🗆 1	RK? /ES 2) но	28f. LOC	ATION (Street a			o Number,	
B√	27. MANNER OF DEATH 1 Neturel 5 2 Accident 3 Suicide 6 4 Homicide	nvestigation	28a. DATE OF (Month, D	ey, Year) F INJURY — At h	IN.	M	1 🗆 1	RK? /ES 2) но	28f. LOC	ATION (Street a			e Number,	
	27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only	rivestigation Could not be determined	28a. DATE OF (Month, D 28a. PLACE C building,	F INJURY — At hetc. (Specify) my knowledge, d	ome, ferm,	street, fact	1 🔲 1	AK? /ES 2 a	, and due	28f. LOC City	ATION (Street a or Town, State)	and Number o	or Rural Rout	e Number, id manner as stated.	
COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only	rivestigation Could not be determined IFYING PHYSI CAL EXAMINE	28a. DATE OF (Month, D 28a. PLACE C building, CIAN: To the best of R: On the basis of e	F INJURY — At hetc. (Specify) my knowledge, d	ome, ferm,	street, fact	1 🔲 1	RK? /ES 2 and place	, and due	28f. LOC City to the cas time, date	ATION (Street a or Town, State)	and Number of honor as state did due to the	or Rural Rout d. cause(a) ar	id manner as stated.	
BE COMPLETED BY	27. MANNER OF DEATH 1	rivestigation Could not be determined IFYING PHYSI CAL EXAMINE	28a. DATE OF (Month, D 28a. PLACE C building, CIAN: To the best of R: On the basis of e	F INJURY — At hetc. (Specify) my knowledge, d	ome, ferm,	street, fact	1 🔲 1	RK? /ES 2 and place	, and due	28f. LOC City to the cas time, date	ATION (Street a or Town, State)	and Number of honor as state did due to the	or Rural Rout d. cause(a) ar	id manner as stated.	
COMPLETED BY	27. MANNER OF DEATH 1	Could not be determined IFYING PHYSI CAL EXAMINE OF CERTIFIEF	28a. DATE OF (Month, D 28e. PLACE C building. CIAN: To the best of R: On the basis of e	wy. /bar) FINJURY — At hetc. (Specify) my knowledge, d xamination and/or	anth occurr	ed at the t	1 🔲 1	and place	, and due red at the ENSE NUM	28f. LOC City to the care tirme, date ABER	ATION (Street a or Town, State)	nner as state d due to the	or Rural Routed. cause(a) ar SIGNED (M	id manner as stated.	

26

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Lest)			-		2. DATE OF DEATN		3. TIME OF DEATH				
	Paul	David		Hunte		March 21,	1994 YEAR	1:15 A M				
	4. SOCIAL SECURITY NUMBER 579-18-6103	5. SEX 6. AG	E (In yrs. last birthday) 71 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-7-1923	Cour					
	9a. FACILITY NAME (If not institution, give :	street and number)	71	9h CITY TOWN	OR LOCATION OF D		9c. COUNTY OF	sh., DC				
TOR	Physicians Memor		L	La Pla			Charles					
Ĕ.	10s. STATE 10b. COUNT	Υ	10c. CI1	Y, TOWN OR LOCA	TION			10d. INSIDE CITY				
L DIE	Maryland St Ma	ary's	Cha	rlotte H			1 YES 2 NO					
FUNERAL DIRECTOR	Route 2 Box 5			10	t. ZIP CODE 20622		10g. CITIZEN OF USA	WHAT COUNTRY?				
ВУ	1t. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR WW 11	N U.S. ARMED S 2 NO DATES	If yes, s	CENDENT OF HISPA Sectly Cuban, Maxico S 2X NO Specif	NIC ORtGIN? (Specify Yea in, Puarto Rican, etc.)		CE — American Indian, ok, White, atc. city: White				
Ħ	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	Work done during m		16b. KIND OF BUS	SINESS/INDUSTRY					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Carpe			Const	ruction					
SO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)					
8	Le Roy Hunter 19a. INFORMANT'S NAME (Type/Print)					. Kotger						
2	Paul D. Hunter J	r				Route Number, City or Tow ege Park,)				
	20a. METNOD OF DISPOSITION 1. Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		ob. PLACE AND OATE	of disposition (No. 1) of the place Veteran		-24-94 Ch	cation — chy or 1 eltenham					
	22. NAME AND ADDRESS OF FACILITY J.H. Eberwein Mortuary 4433 White Pls. La. White Pls., MD											
	23. PART i. Enter the diseases, or	complications that caus	ed the desth. Do					Approximate				
	shock, or heart feilure. IMMEDIATE CAUSE (Fine) disease or condition	List only one ceuee on	eech line.					Interval Between Onset and Death				
	resulting in death)	a. 1550/	4 greel	[0	lance / yes							
z		Ma	lautri	Tion				LUPON				
VIIO	disease or condition resulting in death) Due To (ORIAS, A CONSEQUENCE OF); Malnutrition Due To (ORIAS, A CONSEQUENCE OF); Malnutrition Due To (ORIAS A CONSEQUENCE OF);											
FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE O	F):								
CERTIFICATION	resulting in deeth) LAST	d										
	PART II. Other significent condition	is contributing to death	but not resulting	in the underlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS				
EDICAL						PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ME								OF DEATH? 1 YES 2 NO				
AN.		1										
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL:	4-W-4 4 17 ags	OTHER:	LACE OF OEATH (Ch							
¥ II	27. MANNER OF DEATH	28a. DATE OF INJUR			ie 5 ∐ Rasidenca IURY AT	8 Other (Specify) 28d. OESCRIBE HOW t						
	Netural 5 Pending	(Month, Day, Year		JURY W	YES 2 NO	280. DEŞCHIBE HUW E	NJURY OCCURED					
D BY	3 Suicide 8 Could not be	28a. PLACE OF INJU building, atc. (S	RY — At home, term,		/ \	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,				
	4 Nomicide detarmined					Only or lown, diese)						
COMPLETED		ICIAN: To the best of my kn						(s) and manner as stated.				
	296. SIGNATURE AND TITLE OF CORTIFIE				29c. LICENSE NUI			D (Month, Day, Year)				
S BE	Janh	han!			D-35156			L 21,1894				
임	30. NAME AND ADDRESS OF PERSON WI	- 11	DEATH (ITEM 27) (Type	o, Print) 1090	5 Ft. Wa	shington R	Road, Su	ite 405				
	Joseph Murphy, M. 31. DATE FILEO (Month, Day, Year)		MATURE		Washingt	on, Maryla	and 20744	4				
	MAR 2 3 199	4 Julia Day	idoan-Alanda	200								

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospital or attending physician 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-18 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3	. TIME OF OEATH
	Jeremy Denis	Hallise	И		March	21 1	YEAR	11:45P M
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	21		ACE (State or Foreign
	215-84-3938 1 № 2 □ F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1050	Country)	
	9a. FACILITY NAME (If not institution, give street end number)	43 YHS.	ab CETY TOWAL	OR LOCATION OF DE		1950		land
e B	1100 Spy Glass Drive		200	nold	AIH	45, 154	NTY OF DEA 18 AU	
DIRECTOR	RESIDENCE OF DECEDENT							
2	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT	TION				Dd. INSIDE CITY
	MD Anne Arundel		Arnold				1	☐ YES 2XXNO
A	10s. STREET AND NUMBER		101	. ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?
	1100 Spy Glass Drive			21012			USA	ENGLAND
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EV FORCES? 1 Never Merried 12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMED			NC ORIGIN? (Specify Y	es or No—	14. RACE -	- Americen Indian, Vhite, etc.
BY	1 Never Married 2 Merried FORCES? 1 1 3 Widowed 4 Divorced IF YES, GIVE WAR (OR DATES		2 NO Specify	n, Puerto Ricen, etc.)		Specify:	
								White
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade completed)	(Give kind of s	VOIK done during mo		16b. KIND OF B	USINESS/INC	DUSTRY	
۳	Elementary/Secondary (8-12) College (1-4 or 5 +)	Doot of the		iologist	1/0	1: 0		
2	12 4 plus 17. FATHER'S NAME (First, Middle, Last)	TVOCAO/C/F	viesznes			tical		
	William Denis Hallisey				ME (First, Middle, Maide Waters	n Surneme)		
B				- 3				
2	18a. INFORMANT'S NAME (Type/Print) Rhonda Hallisey				Poute Number, City or To			1010
					Arnold,			
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 ØCremation 3 □ Removal from State	20b. PLACE AND DATE O			DATE 20c. L	OCATION -	City or Town	, State
	4 Donation 8 Other (Specify)	Ft. Linco	ich Chemo	Mory 3	43/94 6/	ientwo	10a, N	aryxana
1		/	22. NAME AI	ID ADDRESS OF FA	John M.	. Tayl	lor Fi	ineral Home
	Tenales & Tut-	_			loucester			ilis, MD
	23. PART I. Enter the diseases, or complications that ca ahock, or heart failure. List only one cause of	used the death. Do r	not enter the mo	da of dying, suc	h as cardiac or rea	piratory an	est,	Approximata
								Interval Between Onset and Daath
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR	atic les	0144050	rcoma	0/ 500	0/1	bone	1
	DUE TO (OR	AS A CONSEQUENCE OF	F):		-			
Z	Sequentially list conditions, 6.							
Ĕ	If any, leading to immediate	AS A CONSEQUENCE OF	う :					
5	CAUSE (Disease or Injury	10 1 0000000000000000000000000000000000						
Ē	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF	-):					
CERTIFICATION	d					-		
	PART II. Other significant conditions contributing to dea	th but not resulting	in the underlying	g cause given in	Part I. 24a. WAS A	N AUTOPSY		ERE AUTOPSY FINDINGS
DICAL	Adriamycin - induce	ed Carde	SMYO	pethic	PERFO	PRMED?	C	AILABLE PRIOR TO DMPLETION OF CAUSE
						2 Miles	1	F DEATH?
			-		_		1 '	_ 123 2 _ NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL		28. PL	ACE OF DEATH (Chi	eck only one)			
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER	Outpatient 3 DOA	OTHER:	e 5X Residence				
Ŧ	27. MANNER OF DEATH 280. DATE OF INJU	JRY 28b, TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCC	CURED	
ВУ Р	1 Natural 5 Pending (Month, Day, 16	ear) INJ		RK? /ES 2 NO				
	3 Suicide 280. PLACE OF IN.	JURY — At home, farm, a	street, factory, offic		28f. LOCATION (Stree	end Number	or Rural Rou	te Number,
	4 Homicide determined building, atc.	(Specify)			City or Town, State	9)		
Щ	29e. CERTIFIER	roculados doste accum	of at the time date					
- H							V	
MP	(Check only one) 290. CERTIFYING PHYSICIAN: To the beet of my I (CERTIFYING PHYSICIAN: To the beet of my I (CERTIFYING PHYSICIAN: To the beet of examine in the	nation and/or investigation			time, unte etto piace, i	nid dhe to tu	a canastal a	
COMPLETED	one) 2 MEDICAL EXAMINER: On the beele of examin	nation end/or investigatio	.,,					111111111111111111111111111111111111111
	2 MEDICAL EXAMINER: On the beele of examile 29b. SIGNATURE AND TITLE OF CERTIFIER			29c LICENSE NUN	BER			onth, Day, Yeer)
H	29b. SKANATE AND TITLE OF CERTIFIER AT CAGASTA	TENDING PO	HYSICIAN	29c, LICENSE NUN	BER			111111111111111111111111111111111111111
	29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	TENDING PE	HYSICIAN Print)	29c LICENSE NUN	631	29d. DAT	SIGNED (M	onth, Day, Yeer) Ay
H	29b. SKANATE AND TITLE OF CERTIFIER AT CAGASTA	TENDING PO FOEATH (ITEM 27) (Typo, Lederick Ro	HYSICIAN Print)	29c LICENSE NUN	631	29d. DAT	SIGNED (M	onth, Day, Yeer) Ay

DHMH-16 Rev 1/89

ABEL & S. RAM

francisco de la

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -4:37PM CERTIFICATE OF DEATH REG. NO.3-18-94 3. TIME OF DEATH 2. DATE OF DEATH Blanche Wayson Hopkins 7. DATE OF BIFTTH (Morth, Day, Year, 03 23 0 IF UNDER 1 YEAR IF UNDER 24 HRS. Maruland CITY, TOWN OR, LOCATION OF DEATH 9c. COUNTY OF DEATH ANNe DIRECTOR 10a. STATE 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY MD Anne Arundel Annapolis 1 XXES 2 NO FUNERAL 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 208 McKendree Avenue 21401 USA ours after death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married FORCES? 1 YES 2 1 YES 2 XNO Specify Specify: BY 3XXWidowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe ntary/Secondary (0-12) College (1-4 or 5+) 10 Operator Telephone 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Robert B. Wayson 10 Wilkerson A. BE Alice notified 19a. INFORMANT'S NAME (Type/Print) 2 Shirley Smith 803 Holly Drive E. Annapolis. Maryland 21401 9 20a. METNOD OF DISPOSITION
1/C Burlet 2 Cremation 3 Ran
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Glen Haven Cemetery Glen Burnie, Maryland 3/22/94 2T. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home medical examiner 147 Duke of Gloucester St. Annapolis, MD signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Betwe Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) event, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF); or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury. PART II. Other significant) conditions contributing to deeth but not recuiting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 TINO OF DEATH? 1 YES 2 NO has been : PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: OTHER: 1 TES 2 NO atlant 2 - ER/Outpatient 3 - DOA me 5 🗆 Residence 6 🗆 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c, INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED marked, Natural 1 YES 2 NO BY After death 2 Accident 3 Suicide 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined COMPLETED DIRECTOR: / FUNERAL DIRECT WITHIN 72 hours a 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAM and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OR CERTIF 8 4, 2 PLETED DAUSE OF DEATH LITEM 27) (TYP 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE 1994 Julie Tevidon Bordalla

DHMH-16 Rev 1/89

7-1011

MIN S.S. INM

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

							TO/TI	- 01			HEG. NO			
	1. DECEDENT'S NAME (First		D.								2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF OEATH
	Edwin Josep										March 23,	199		М
	4. SOCIAL SECURITY NUMBER		5. SEX		(In yrs. last		IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BtRTH Count	IPLACE (State or Foreign
	216-22-8098			66		YRS.					March 27,			aryland
œ			,	1		İ			OR LOCATI		ATH		INTY OF D	
DIRECTOR	Washington	COUNTY	y Hospita	a L]	Hage	rsto	wn		Wa	shin	gton
띭	10e. STATE	10b. COUNTY	1			10c. CIT	Y, TOWN	OR LOCA	TION					10d, INSIDE CITY
<u></u>	Maryland Washington Hagerstown											LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER							10	. ZIP COD	E		10g. CIT	IZEN OF Y	WHAT COUNTRY?
띮	19912 Sheri	idan Av	venue						21	740			US	A
5	11. MARITAL STATUS	S 12. WAS DECEDENT EV					13.	WAS DEC	ENDENT O	F HISPAN	HC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	or No-		E — Americen Indian, k, White, atc.
BY	1 Never Married 2 X		IF YES, GIVE W	MAR OR D					2 X NO				Spec	lfy:
		EDENT'S EDUC		W.II	40.00								wh:	lte
E	(Specify onl	ly highest grade	completed)		(Gh	CEDENT'S Ive kind of v Do NOT us	work done		ON ost of workli	ng	16b, KIND OF BU	SINESS/IN	OUSTRY	
	Elementery/Secondery (6	<i>)</i> -12)	College (1-4 or 5 -	+)	l .		,	21110	sal	0.0	autom	obil.	0 00	1 0 0
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)	U		1		501-0				ME (First, Middle, Maiden		e sa.	res
	Lloyd Hemp	OF THE STATE OF TH									nia Allen		er	
BE	19e. INFORMANT'S NAME (7	Type/Print)			196	. MAILING	ADDRES	S (Street			Route Number, City or Tow			-
2	Catherine F		0								Hagerstow			and 217/0
1	20e. METHOD OF DISPOSIT	ION		200	b. PLACE A	ND DATE O	OF DISPOS	SITION (N	me of		DATE 20c LO	CATION -	City or To	own State
ı	1 № Buriel 2 □ Crematic 4 □ Donation 5 □ Other		oval from State	cen	Ceda:	matory or of Lav	ther place)	emor	ial 1	Park	3-25-94	Hage	rsto	wn,Maryland
1	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE				22.	NAME A	ND ADDRE	SS OF FA	CILITY		2000	, it yild by Laira
	>00	AT.	Mu	n	nce	eR					AL HOME BlvdHa	oers	town.	Md. 21740
	23. PART I. Enter the d	Iseases, or c	omplications tha	11 cause	d the dea	ath. Do r								Approximata
	shock, Dr heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death Onset and Death Onset and Death													
ĺ	resulting in death)	,	DUE TO	(OR AS	A CONSEO	DUENCE OF	F):			1)	
z	****************		(OVO)	NAY	V	0	Jto	M	P)(selvor		77.	ļ
일	Sequentially list condition if any, leeding to imme	diate	DUE TO	(OR AS	PONSEO	UENCE OF	F):	/						
2	cause. Enter UNDERLY! CAUSE (Disease or Inju			- /))					
CERTIFICATION	that initiated eventa reaulting in death) LAS	т	OUE TO	(OR AS A	A CONSEO	UENCE OF	F):							
#			£				g in the underlying ceuse given in Part I. 24							
	PART II. Other aignifice	nt condition	a contributing to	death b	out not re	esulting				Part I. 24s. WAS AN		24b	. WERE AUTOPSY FINDINGS	
EDICAL	will										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	,													OF DEATH?
2														
<u> </u>	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						28. PI	LACE OF D	EATH (Ch	eck only one)			
7	1 TES 2 NO	1	HOSFITAL:	ER/Out	patient 3	□ DOA	OTHE!		ne 5 🗆 Re	aldence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, D			28b. TIM	E OF JURY	28c. INJ	URY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
5		Pending Investigation					М		YES 2] NO				
- 11	3 Suicide 8	Could not be	28e. PLACE O building.	otc. (Spe	/ — At hor	me, ferm, r	street, fac	tory, offic	•		281. LOCATION (Street of City or Town, State)	and Numbe	r or Rural F	Noute Number,
<u> </u>	4 Homicide					ony or rown, orang								
Solution to be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beal of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.														
) end menner es stated.					
- 14	290, SIGNATURE AND STLE			1						ENSE NUM			5-BIGNED	
#	100	MU	/ 171	1	,				D	417	86	DAI	Z	1 2 194
2 ∥	30. NAME AND ADDRESS OF	F PERSON WIN	O COMPLETED CAU	SE OF DE	ATH (ITEN	4 27) (Type	Print) A		1	1	11		-1	43 1 7
	T. A SPU	chers	MO. 17	283	21	Oa	le l	ull	au	rom	no Ha	a en	cfdo	JUL MDQ17
	31. DATE FILED (Month, Day.	Year)	32. REGISTRA	AR'S SIGN	ATURE	000						70.	7 1	
	MAR 2 4 1	QQA C	Leis Semi	eldinary)	Freder	0						/	- 1	
		117	5		1	-						•		DHMH-18 Rev 1/89

1	•	FOR STATE REGISTRAR	
, [1. 0	ECEDENT'B NA	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	H REG	. NO.						
	1. OECEDENT'B NAME (First, Middle, Last)			2. DATE OF DEA		3. TIME OF DEATH					
	Madeline Leona Hadar		March 2	21, 1994 YEA	4 1:25 a. M						
			UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF BURT	н пв	IRTHPLACE (State or Foreign					
	276-05-7059 1 M 2 R F			June 17,	Har) Ci	Country) Ohio					
BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) St. Mary's Hospital	96	Leonardtow		9c. COUNTY C	TY OF DEATH Mary's					
	RESIDENCE OF DECEDENT										
	Maryland St. Mary's		own or Location ington Park			10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
	171 Gunston Drive		20653		U.S	S.A.					
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS OECENDENT OF If yes, specify Cuben, 1 YES 2 X NO	Mexican, Puerto Rican, at	c.) 1	NACE — American Indian, Black, White, etc.					
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USA	JAL OCCUPATION	16b. KIND C	F BUSINESS/INDUSTR	White					
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)		done during most of working tired.)			2 1 100					
N C	12 17. FATHER'S NAME (First, Middle, Last)	Homem			n/a						
				R'S NAME (First, Middle, M		6 12 7 10					
BE	Richard N. Boyle 190, INFORMANT'S NAME (Type/Print)	10h MAH INC AO	ORESS (Street end Number of	adeline A.							
2	Madeline B. Oravecz		ston Drive,								
		20b. PLACE AND DATE OF D			Dc. LOCATION — City of						
	1 Buriel 2 Cremation 3 Ramoval from State	emetery, crematory or other Huntt Crema	place)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Hone Orema	22. NAME AND ADDRESS	OF FACILITY	aldorf, Ma	aryland					
	Michael K. Blankenship, M00857 59 N. Washington Street, Leonardtown, MD 20650-0279										
NOI	23. PART I. Enter the disease, or complianting that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one ceuse on each ilina. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions,										
CERTIFICATION	oue to (or as a consequence of): if ary, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST oue to (or as a consequence of): oue to (or as a consequence of): d.										
	PART II. Other significent conditions contributing to death	ren in Part I. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS							
DICAL	Atrial phillation		terren	PE	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
			- 1UY	ES 2 HO	OF DEATH?						
2	1 YES 2 NO										
¥	25. WAS CASE REFERRED TO MEDICAL		26 PLACE OF OFA	TH (Check only one)							
22	EXAMINER? HOSPITAL:		THER:								
PHYS	28. DATE OF INJURY (Month, Dey, Year) (Month, Dey,										
PHYSICIAN: ME	(Month, Day, Year	r) INJURY				0					
B	1 Netural 5 Pending Month, Day, Yea 2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJU building, stc. (S	r) INJURY	M 1 YES 2	281. LOCATION (S	Street end Number or Ru Stete)						
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be datermined Month, Day, Year	r) INJURY IRY — At home, farm, strea	M 1 YES 2 1	281. LOCATION (S City or Town,	Stete)						
B	1 Netural 5 Pending Month, Day, Yea 2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJU building, stc. (S	r) INJURY IRY — At home, farm, strea pocify) owledge, death occurred a	M 1 YES 2 I	261. LOCATION (S City or Town,	Stere) id manner as stated,	iral Route Number,					
	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJU building, stc. (S	r) INJURY IRY — At home, farm, strea pocify) owledge, death occurred a	M 1 YES 2 Int, factory, office	261. LOCATION (S City or Town,	od manner se stated.	iral Route Number,					
COMPLETED BY	1 Netural 5 Pending Investigation 2 Accident 5 Could not be determined 26e. PLACE OF INJU building, stc. (S (Check only one) 2 MEDICAL EXAMINER: On the basis of examina	r) INJURY IRY — At home, farm, stree pocify) owledge, death occurred a tion and/or investigation, is	M 1 YES 2 Int, factory, affice	281. LOCATION (5 City or Town, and due to the cause(s) ar at the time, date and pla	od manner se stated.	ral Route Number,					
BE COMPLETED BY	1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examinal part of the basis of examina	INJURY At home, farm, strespecify) owledge, death occurred attion and/or investigation, is DEATH (ITEM 27) (Type, Print)	M 1 YES 2 Int, factory, affice	281. LOCATION (5 City or Town, and due to the cause(s) ar at the time, date and pla	od manner se stated.	ral Route Number,					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician	stained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the business	should be detached for use as the burian
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: it Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	stiffed at once.

										, -1		
	FOR 1 - STATE REGISTRAR	STATE OF MA				HEALTH A		NTAL HYGIEN REG. NO.	E	0		
	1. OECEDENT'S NAME (First, Middle, Last) JOHN JOSE	HARPER III					2. DATE OF DEATH DAY MAR 22			3. TIME OF OEATH 8:30 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last	birthday)	IF UNDER 1 YEA			DATE OF BIRTN 'Month, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign	
	213-82-9798	1 🙀 M 2 🗆 F	27	YRS.	MONTHS DAY	HOURS I	willy.	CEMBER 23.	1966		INGTON D.C.	
-	9a. FACILITY NAME (If not institution, give street		9b. CITY, TOW	N OR LOCATION				NTY OF D				
O. H.	INDIAN BRIDGE ROAD				GREA	T MILI	JS		ST.	MAR	RYS	
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			t0c, CITY	TOWN OR LO	CATION					10d. INSIDE CITY	
DIRECTOR	MARYLAND ST.								LIMITS? 1 YES 2 V NO			
	10e. STREET AND NUMBER	ری	101. ZIP CODE			10g. CITIZEN OF			WHAT COUNTRY?			
FUNERAL	29 LAWRENCE STREET	Γ				20684			UNITED STATES			
S.	l	2. WAS DECEDENT E	VER IN U.S. ARM	ED	13. WAS E	ECENDENT OF	IISPANIC O	RIGIN? (Specify Yes		14. BACI	E — American Indian, k, Whita, atc.	
BY F	1 X Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR		,	1 🗆 1	specify Cuban, I ES 2 NO	Specify:	arto Hican, etc.)		Spec	tty:	
ED E	15. DECEDENT'S EDUCA	TION	see DEC	EDENTIO I	1	71011				WHI	TE	
E	(Specify only highest grade co	mpleted)	(Give	e kind of w Do NOT us	USUAL OCCUPI ork done during retired.)	most of working		16b. KIND OF BUS	SINESS/INC	USTRY		
1	Elementary/Secondary (0-12)	College (1-4 or 5 +)	SVS	тгмс	ENGIN	FFD		DEFENCE	CONT	TD A C	mon.	
COMPL	17. FATHER'S NAME (First, Middle, Last)		1 010	LLILL	LINGIN		R'S NAME (F	DEFENSE First, Middle, Maiden		RAC	TOR	
5 Lu	JOHN JOSEPH HARPER	R, JR.				ANN	MARY	FRIES				
TO B	. 19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Stre			Number, City or Town	n, State, Zip	Code)		
	JOHN JOSEPH HARPER	R, JR.	41	9 TC	WN CRE	EK DRIV	Æ. L	EXINGTON	PARI	. M	ARYLAND 2065	
	20a. METNOD OF DISPOSITION 1 1 To Burlal 2 Cremation 3 Ramovi	al from State		ID DATE O	F DISPOSITION				CATION —			
	4 Donation 6 Other (Specify) IMMACIII.ATE HEART OF MARY 3/26/94 LEXINGTON PARK 21. SIMPLUJE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								ON PARK, MD			
CAGIN	Wille Book		BRINSFIELD FUNERAL HOME									
	MICHAEL K. BLANKENSHIP 59 N. WASHINGTON STREET LEONARDTOWN MD									DTOWN MD		
	23. PART I. Enter the diseases, or complications that deused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final											
event, 11	resulting in death)											
	DUE TO (OR AS A CONSEQUENCE OF):											
ATION	Sequentielly list conditions, Due to (or as a consequence of):											
8	cause. Enter UNDERLYING											
TIFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):											
5 15	resulting in deeth) LAST											
51	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										. WERE AUTOPSY FINDINGS	
2	PART I							PERFOR	COMPLETION (AVAILABLE PRIOR TO COMPLETION OF CAUSE	
: MEDICAL	1 YES 2 □ NO OF DEATH?								OF DEATH?			
AN:												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF OEAT	TH (Check o	nly one)				
YSICI,	XM YES 2 □ NO	☐ Inpatient 2 ☐ E	R/Outpatient 3	DOA	OTHER: 4 - Nursing H	ome 5 - Resid	lence 6 X	her (Specify)	ROAD	WAY		
PH H	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN		28b. TIME	YRY	INJURY AT WORK?	284	DESCRIBE NOW I	NJURY OC	CURED	۸ ۸	
BY PH	2 Accident Investigation	5 Pending Investigation 3/28-114 0259 M 1 TYES 2/2 NO DIVEY IN NVA							M			
TED	268 PLACE OF IN BIRY — At home form street factory office							5 D = A				
E	29a. CERTIFIER) ک	re				011/100	MY J	NOW	Embridge 60	
D BE COMPLETED	(Check only X MEDICAL EXAMINER:										a) and manner as stated	
8	290 SIGNATURE AND TITLE OF CERTIFIER	/										
BE	(pur	12/0	MI)			O.C	. M . E				(Month, Day, Year) 23,1994	
<u>₽</u>	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	1			- 44			
	J. LARON LOX	KE, MI) 111	Peni	n Str	eet, B	alti	more, N	Mary	lan	d 21201	
1	31. DATE FILED MONTH BOY, YOUR 94	32 REGISTRATE	SISHATURATOR	delica								
7	10012401	1	,									

1	-	FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OI	F DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	RUTH DeLORI	ES HARRISO	N (YEAR	1759 H			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	a sug	THPI ACE /State or Foreign			
	579-30-9710 1 · · ·	YRS.	MONTHS DAYS			923 CHERAW, S.C.					
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street end n	,			OR LOCATION OF D	EATH	9c. COUNTY OF				
	PENINSULA REGIONAL ME	TER	SAL	SBURY		WICOM	ICO				
	10a. STATE 10b. COUNTY			, TOWN OR LOC				10d. INSIDE CITY LIMITS?			
	MD. SOMERSET			INCESS	ANNE		1 TES 2 TO NO				
	100. STREET AND NUMBER P.O. B(OX 615			01. ZIP COOE 21853		WHAT COUNTRY?				
	11. MARITAL STATUS 12. WAS	ARMED			NIC ORIGIN? (Specify Yes		CE — American Indien,				
BY	1 Never Married 2 Merried 3 X Widowed 4 Divorced FOR	CES? 1 YES 2 ES, GIVE WAR OR DATES	X NO		S 2 NO Specific	an, Puerto Rican, etc.) /y:	100	BLACK			
	15. OECEDENT'S EDUCATION	166	. DECEDENT'S	JSUAL OCCUPA	TION	16b. KIND OF BUS	SINESS/INOUSTRY				
	(Specify only highest grade completed Elementary/Secondary (0-12) College	(1-4 or 5 +)	(Give kind of w life. Do NOT use	ork done during r retired.)	nost of working	Section 1.					
COMPLET	HON.		RETIRED	TEACH	ER	BALT. C	ITY BD.	OF ED.			
Ö	17. FATHER'S NAME (First, Middle, Last)			-	18. MOTHER'S NA	ME (First, Middle, Meiden	Sumeme)				
BE C		NARD HARRI				AH FRANCES		ER			
2	190. INFORMANT'S NAME (Type/Print) JAMIE D. TIMM(INS				Route Number, City or Tow TIMORE, MD		-2305			
	20e. METHOD OF DISPOSITION	20h PI	ACE AND DATE O			OATE 20c. LO					
	1 (X) Buriel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State convetor	RAEL"S"	MEMORI.	AL	3-27 PRIN					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	JOLLEY MEMORIAL CHAPEL, 1213 JERSEY ROAD.,										
	23. PART I. Enter the diseases, or compiles shock, or heart fellure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death)	udua	ulne.	may	Aen	est sa cardiac or reapi	ratory arreat,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST										
: MEDICAL	PART II. Other significent conditions contrib	outing to deeth but r	not resulting in	the underlyl	ng cause given in	Part I. 24a. WAS AN PERFOR	IMED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			, 99	PLACE OF DEATH (C)	sect outs one;					
ᅙ	EXAMINER? HOSP		. 0	OTHER:			Hom	0			
¥		itlent 2 PER/Outpaties	28b. TIME		HJURY AT		Nome				
	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY V	YORK?	28d. DEŞCRIBE HOW I	NJUHT OCCURED				
ED BY	2 Accident 3 Suicide 8 Could not be determined 4 Homicide determined										
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	he best of my knowledg	e, death occurre	d at the time, da	te and place, end due	to the cause(s) end mer	nner es atated.				
∑	one) 2 MEDICAL EXAMINER: On the							e(s) end manner es stated.			
	296. SIGNATURE AND STILE OF GENTIFIER	d	Tar-10**		29c, LICENSE NU	MBER	29d, DATE SIGN	ED (Month, Day, Year)			
BE	The same of the sa	De	W.	7	D-2 (7011	D 3/-	815 P			
임	30. NAME AND ADDRESS OF PERSON WHO COMPC	TED CAUSE OF DEATH	OTEM 27) (Type:	erint) Z	17 10 A	- (1010-	m 10	71/			
	JOSEPO / Griffi	m, M	D	300	Drine.	ess. A	me !	MD 21863			
	31. DATE FILEO (Month, Day, Year) REGISTRAR'S SIGNATURE										

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a four after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	HICKMAN, MINNIE F.	•											
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR	RTMEN	T OF H	IEALTH DEA	AND I	MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3.1										. TIME OF DEATH		
	MINNIE HEATH HICKMAN								MA	RCH 2	$\tilde{5}$ 1	994 4	:07 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	at birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH Day: Year)		8. BIRTHPL	ACE (State or Foreign
	213-14-7851	1 🗌 M 2 🗌 F	100	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.		1894	Mary	yland
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		02,	9c. COUNTY OF DEATH		
DIRECTOR	Salisbury Nursing	Sá	alisk	oury,	Md.			WI	COMIC	0			
	Salisbury Nursing & Rehab Center					OR LOCAT							
		•				311	11476						Dd. INSIDE CITY LIMITS?
	Maryland lic	omico			Sal:	isbu					1 12		YES 2 NO
FUNERAL	6.3.1	0 0 1 1				10f. ZIP CODE					10g. CIT	AT COUNTRY?	
N	Salishury Nursing	12. WAS DECEDEN	Lenter	DMED	112	WAS DEC	218			(Specify Yes		U.S	•
	1 Never Married 2 Married		YES 2		"	If yes, sp	ecify Cuba	n, Mexica	n, Puerto R	(Specify Yea ican, etc.)	or No	14. RACE Black, V	- American Indian, Vhite, afc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AH OH DATES			1 U YES	2 NO	Specify	γ:			Specify:	ite
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	18a, Di	ECEDENT'S	USUAL C	OCCUPATIO	ON		16b.	KIND OF BU	SINESS/INC		200
E	Elementary/Secondary (0-12)	College (1-4 or 5+) His	give kind of a. Do NOT u	se retired.)	aunng ma	st or worker	ng					
MP	6			Hom	emal	ker				0wn	Home	е	
	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	HER'S NAI	ME (First, M	iddle, Maiden	Sumame)		
BE	Thomas Heath						L	ouis	sianı	na Me	ssi	ck	
2	19a. INFORMANT'S NAME (Type/Print)									er, City or Tow			
	Mrs. Virginia Lee 806 Parker Rd, Salisbury, Md. 21801-9087												
	1 Burlai 2 Cremation 3 Ramoval from State 20c. LOCATION City or Town, State Completely completely												
	4 Donation 5 Other (Specify) Manokin Presbyterian 3/28 Pr. Anne. Md.												
	Hinman Funeral Home												
	M00295 Princess Anne, Maryland 21853												
	23 PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or haert feliure. List only one ceuse on each line. Approximate interval Between												
	MMEDIATE CAUSE (Finel disease or condition										Onset and Death		
	resulting in death) - a. Judden Death) Saspell MI										flours		
_	DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	Sequentially list conditione, Due to (the AS A CONSEQUENCE OF):												
ξl	if any, leading to immediate cause. Enter UNDERLYING												
百	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
ᇤ	resulting in deeth) LAST												
O	DAPT II Other deptilled and the second secon												
8	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO										AILABLE PRIOR TO		
ă	1-10	-40							-	1 TYES 2	NO		OMPLETION OF CAUSE F DEATH?
Σ	a D	all .	80						-			1	YES NO
AN	25. WAS CASE REFERRED TO MEDICAL	1252	freien										
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:			ОТНЕ	R:			ock only one				
H	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 Rasidence 6 Other (Specify)											
	1 Natural 5 Pending	(Month, Da	y, Year)	INJ	URY	WO		1 MO	28 0 . UEŞU	RIBE HOW II	NJURY OC	CURED	
BY	Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At ho	me, ferm, r	street, fec			100	28f LOCA	TION (Street a	and Alumbar	or Rural Rout	n Mumbas
	4 Homicide 6 Could not be	building,	etc. (Specify)			,,				Town, State)	IIIO TABITIDA	or norm noor	e Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of	my knowledge 4:	ath a	al as 45 : :								
M	(Check only one) CERTIFYING PHYSICI (Check only one) CERTIFYING PHYSICI (Check only one)												ad manage in the state of
	29b. SIGNATURE AND TITLE OF CERTIFIER				, ,					prace, en			
R	Contribution	1	MA				-	NSE NUM		,	29d. DAT	E SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH WITCH AD CITY OF THE CAUSE OF DEATH WITCH AD CITY OF THE CAUSE OF DEATH WITCH AD CITY OF THE CAUSE OF												

ATKING Magay Hear) 9

1104 HEALTHWAY DRIVE, SALISBURY, MD. 21801

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

King Committee

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30

FOR STATE REGIST
1. DECEDENT
Wills 4. Social SE
165-1
113 E
10a. STATE
Maryla
10e. STREET

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	OINIE OF F	C		ICATE O			MICH 14	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH
	Willson Martin H					Foh	n o ruary	994	11:30 p. M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER 1 YEAR	IF UNDE	IF UNDER 24 HRS.		7. DATE OF BIRTH		4.4	PLACE (State or Foreign
	165-16-4465	1 √2 M 2 □ F	80	YRS.	MONTHS DAYS	HOURS	MIN.		th, Day, Year) V 19.1	013	Countr	nsvlvania
	Se. FACILITY NAME (If not institution, give	street and number)				OR LOCAT	ION OF D		y 19,1		NTY OF D	
B	113 Blanco Road	(at home)		M:11	ingto				0	000	Anna La
5	113 Blanco Road						11			I Qu	een 1	Anne's
рінестоя	10a. STATE 10b. COUN				TY, TOWN OR LOC							10d, INSIDE CITY LIMITS?
0		n Anne's		MI	llingto	_			_			1 YES 2 NO
RA	100. STREET AND NUMBER 113 Blanco Road			1	01. ZIP COD					HAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS	T		2002		2165				USA		
F	1 Never Married 2 Married	T EVER IN U.S. A		If yes,	specify Cub	an, Maxica	en, Puerto	N? (Specify Yes Rican, etc.)	— American Indian, , White, atc.			
В	3 Widowed 4 Divorced	MAR OR DATES	TES 1 TES 2 NO				NO Specify:			Specif	Specify: White	
0	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a, D	ECEDENT'S	USUAL OCCUPA	TION		16	b. KIND OF BU	SINESS/IN	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5		in. Do NOT u	work done during ise retired.)	nost of work	ing					
MP	12			Farm	er				Fa	rmin	g	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MO1	HER'S NA	ME (First,	Middle, Maiden	Surname)		
BE	George W. Hibb		Ag	nes	Wink							
9	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street									
	Betty Hibbs				3 Blanc		d,Mi					
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rei	moval from State	cemetery, or	AND DATE	of Disposition (other place) emetery	Name of	0 /1	DAT			City or To	
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEF.	ASDU	iry C		AND ADDRE		2/94	Mil	ling	ton,	Maryland
	· U O	1							Homo	DΛ		01/51
	Lary B.	tella			370	W. C	vore	ss S	t Mil	ling	ton.N	21651 Jaryland
	23. PART i. Enter the diseasea, Dr ahock, or heert fellure	complications that. List only one cet	it coused the duse on each lin	eath. Do	not enter the r	node of dy	ring, auc	ch aa cer	diac or reap	Iratory ar	reat,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	100	C									Onset and Death
	resulting in death)									Years		
	DUE TO (OR AS A CONSEQUENCE OF)											
CERTIFICATION	Sequentially list conditions, Due To (or as a consequence of):											
¥	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST											
	PART ii. Other aignificent condition	ons contributing to	death but not	regulting	in the underly	DO CAUSA	alven in	Part i	24a, WAS AN	AUTOREY	245	WEDE ALTONOV CHIOLICO
MEDICAL		RITIU		· · · · · · · · · · · · · · · · · · ·	iii iiio diidoiiy	ing cause	giveii iii	e art i.	PERFOR	RMED?	240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1115 6 1071	N. L.C.	<u> </u>				-		1 TYES 2	2 IN NO		OF DEATH?
2								_				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF I	DEATH (Ch	eck only o	ne)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatlant	3 DOA	OTHER:							
¥	27. MANNER OF DEATH	26a. DATE OF	INJURY	26b. TIA	AE OF 28c. I	YJURY AT	201001100		SCRIBE HOW I	NJURY OC	CURED	
ВУР	1 Metural 6 Pending 2 Accident Investigation	(Month, D	ey, Year)	IN.		YES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At he etc. (Specify)	ome, term,	street, factory, of	ice		281. LOC	CATION (Street	and Numbe	r or Rural R	oute Number,
=	4 Homicide determined	Januari 9,	etc. (opecny)					City	or Town, State)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the beat of	my knowledge, d	eath occur	red at the time, de	ta and place	a, and due	to the ca	use(s) and ma	nner as sta	ted.	
NO	one) 2 MEDICAL EXAMIN											and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFI					1	ENSE NUI					(Month, Day, Year)
BE	600	enia	me	m o		DI	169	109	8	•	2-9	7-94
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITE	EM 27) (Type	, Print)	,	1					1
0	Wayne D Be.	niahin	J. M 1	2	Che	5 te.	AU	wn	M	R	21	621)
VA	31. DATE PLED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE									-
	FER 10 '0/	1 2	1. N.	4								

1215-0020	attending physician.	use as the burial-transit	
BALTIMORE, MARYLAND 21215-0020	be retained by the hospital of	ige 5 should be detached for	e notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0	ith	letely fille emation,	nt, the
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ecuted w	nd compi burial, cr	atic eve
30X	ate be ex	ysician a	traum:
0.0	n certifica	nding ph Hygiene	or other
DS, F	the death	the atte	injury,
COR	ires that	signed by	vs any
L RE	aw requ	s been	3 short
IITA	N: The	ficate ha	Item ?
OF \	HYSICIA	us certi	ed, or
NO	IDING PI	After the	s mark
INISI	R ATTEN	RECTOR.	m 28
Ω	TAL OI	RAL DI	: If Ite
	E HOSP	E FUNE d within	PRIANT
	TH CL	TH CTH per file	IMPO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERT	IFICATE OF	DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	James	Hubert	Hvn	son	February	7 1992				
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthd		IF UNDER 24 HRS.	7. DATE OF BIRTH	6. B	IRTHPLACE (State or Foreign			
	215-16-3338 1×1×201	80 YR	S. MONTHS DAYS	HOURS MIN.	Duly 99	1913 0	Marilland			
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
<u>ا</u>	The Kent and Queen Anne's Hospital Inc. Chestertown Kent									
DIRECTOR	RESIDENCE OF DECEDENT				WII	I KEI				
	M. 1 1 1 1 1	10c.	CITY, TOWN OR LOCAL	TION			10d. INSIDE CITY LIMITS?			
	Maryland Kent		hester	foun		1 TES 2 NO				
A A	10a, STREET AND NUMBER	WALL O	101	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS 12 WAS DECED	Mill Roge	L i	2/626		45	H			
[]	1 Never Merried 2 Married FORCES?	ENT EVER IN U.S. ABMED 1 YES 2 NO	If yes, sp	ecify Cuben, Mexice	NC ORIGIN? (Specify Yenn, Puerto Rican, etc.)	8 or No 14, I	RACE — American Indian, Black, White, etc.			
B∀	3 Widowed 4 Divorced IF YES, GIVE	WAR OR DATES	1 TYES	2 NO Specify	y:		Specify: Rla-A			
	15. DECEDENT'S EDUCATION	18e. DECEDEN	T'S USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUST	RY			
L	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	We Do NO	of work done during mo T use retired.)	st of working						
AP.	12		todian		Publ	ic Sc.	houl			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Melden		770			
l w l	Mothew Hyn	son		Fran	ices 1	Urigh	+			
10 B	190. INFORMANT'S NAME (Type/Print)	19b. MAIL	ING ADDRESS (Street a	and Number or Rural F	Route Number, City or Tow	n, Stete, Pp Cod	2/620			
-	Dorothy Hyns	on 30°	Burch	and Si	aw Mill Re	1, Che	st extaum			
	20e METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal Irom State	20b. PLACE AND DA	TE OF DISPOSITION (No	ime of	DATE 20c. LO	CATION - City	or Town, State			
	4 Donation 5 Other (Specify)	- Rich	NECK H	all Cente	1Feb12199	4 Che	stertain md			
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE		22. NAME AI	NO ADDRESS OF FA	CELITY OF E	action	md.			
	1/2/2		72	6 10-10	es, o	13/-/	-7			
П	23. PART I. Enter the diseases, or complications to	het caused the death. D	o not enter the mo	de of dying, suci	h ae cardiac or resp	iratory arrest,	Approximata			
	shock, or heart failura. List only one c	ause on aach lina.					Interval Between Onset and Death			
	disease or condition resulting in death)	ypoteus	1000							
	DUE TO OR AS A CONSEQUENCE OF):									
N	Sequentially list conditions, b. BRADYCARDIN									
ğ	if any, leading to immediate cause. Enter UNDERLYING	O (OR AS A CONSEQUENCE		1511	10170	4.7				
윤	CAUSE (Disease or Injury	TO (OR AS A CONSEQUENCE		SILVV	ACT IO	V				
CERTIFICATION	that initiated events resulting in death) LAST		2 3. ,.				j			
핑	d									
CAL	PART II. Other significant conditions contributing	to death but not resulting	ng in the underlying	g cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
151	Diabases Mell	itus			1 YES 2		COMPLETION OF CAUSE OF DEATH?			
W	Chronic Renal	Failur	R		_		1 _ YES 2 _ NO			
	- Northrohic Su	md vom	e.							
SICIAN	25. WAS CASE REFEARED TO MEDICAL EXAMINER?			ACE OF DEATH (Che	eck only one)					
YSI	1 YES 2 SOLO 1 Hapation :	ER/Outpetlent 3 DO	OTHER: 4 Nursing Hom	e 5 🗆 Reeldence	6 Other (Specify)					
PHY	27. MANNER OF DEATH 26e. DATE (Month) 1 Physical 5 Pending	OF INJURY 28b.		URY AT	28d. DESCRIBE HOW	NJURY OCCURE	D			
β	2 Accident Investigation			rES 2 NO						
<u>a</u>	3 Suicide s Could not be 4 Homicide determined	OF INJURY — At home, ler ig, etc. (Specify)	m, street, lectory, offic	•	281. LOCATION (Street City or Town, Stete)		ural Route Number,			
<u></u>	-3412 392923119									
COMPL	29e. CERTIFIER (Check only one)									
Ö	2 MEDICAL EXAMINER: On the beste of	exemination end/or investig	etion, in my opinion, d	eath occured at the	lime, date end place, er	nd due to the ceu	use(e) end menner ee stated.			
w	29b. SIGNATURE AND TITLE OF CERTIFIER	7	-	29c. LICENSE NUN		29d. DATE SIG	NED (Minney Day, Tayer)			
TO B	2-1- Vegluet M	.().		D350	48	1 Z	15 194			
-	30. NAME AND ADDRESS OF PENSON WHO COMPLETED CA	NUSE OF DEATH (ITEM 27)	Type, Print)							
	24 DATE ER ED MANUE ON V									
6	1 St. Date Fileo (Month Day, Year) July 22. Regist.	dson-handell								
10	O/	-								

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CEI	RTIFIC	ATE O	F DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	WEAR	3. TIME OF DEATH
LAWRENCE		HUFFMAN					MONTN DAY YEAR 03 13 94		
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest b		UNDER 1 YEA	-	7 DATE OF BIRTH		6. BIRT	6:52 A M HPLACE (State or Foreign
236-28-0071	1 M 2 F	73	YRS. MO	NTHS DAY	B HOURS MIN.	(Month, Day, Year 9/8/20)	Mar	cyland
9a. FACILITY NAME (If not institution, give		COLUMN			N OR LOCATION OF D			UNTY OF	
MEMORIAL HOSPITA	L & MEDICA	L CENTE	R	CUMBE	RLAND, MA	RYLAND	AL	LEGA	NY
10a. STATE MD 10b. COUNT	N 1100000		10c. CITY, T	OWN OR LO	CATION				10d, INSIDE CITY
	' Allegany			mberla					LIMITS?
100. STREET AND NUMBER 701 Furnace Sti	reet; Willo	w Valle ot. 223	ey Apt	cs.	21502			US	WHAT COUNTRY?
11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 TNO	ED	If yea,	PECENDENT OF HISPAI specify Cuban, Mexica ES 2 X NO Specific	in, Puerio Rican, etc.	Yae or No-	Blac	E — American Indian, ck, Whita, atc.
15. DECEDENT'S EDI (Specify only highest grad		16a. DECE	DENT'S US	UAL OCCUPA	TION	16b. KIND OF	BUSINESS/II	NDUSTRY	
Elementary/Secondary (0-12)	Coflege (1-4 or 5+)	Hfe. D	o NOT use re	tired.)	most of working	_	7 0		
NA		IV.	all (Carrie	er	Post	al Sei	rvice)
17. FATHER'S NAME (First, Middle, Last) Floyd K. Huffn	nan				18. MOTHER'S NA	ME (First, Middle, Mai Ethel Sn)	
19a. INFORMANT'S NAME (Type/Print)		19b. i	MAILING AD	DRESS (Street	et and Number or Rural	Route Number, City or	Town, State, a	Zip Code)	
Marion W. Huffn	nan				m Road, (
1 ABurial 2 Cremation 3 Ren	noval from Stata	20b. PLACEAN cemetery, crema	otory or other	place) DEST	Glen Cem.	3/15/94	Green	-cmy or To nspri	ng, WV
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1		22. NAME	ANO ADDRESS OF FA		affer		
Saints	Maga	1			E. Main S	t., Romn	ey, W	V 26	,
23. PART I. Enter the diseeses, or shock, or heart failure.	List only one cause	on each line	h. Do not	enter the r	node of dying, suc	h es cerdiac or re	spiratory a	irrest,	Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)	e		add.	z Co					intervsi Between Onset and Desth
	DUE TO (OF	AS A CONSEQU	ENCE OF):	net	3				
Sequentially list conditions, if sny, leeding to immediate	b. OUE TO (OF	AS A CONSEOU		,000					
cause. Enter UNDERLYING CAUSE (Disesse or injury	с	(117						- V=
thet initieted events resulting in desth) LAST	OUE TO (OF	AS A CONSEOU	ENCE OF):						
	d								
PART II. Other significent condition	ns contributing to de	ath but not res	uiting in t	he underly	ing csuse given in	Part I. 24a. WAS	AN AUTOPS	Y 24t	. WERE AUTOPSY FINDINGS
							FORMEO?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
9							241 110		DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL:	NOutpetlant 3 🗆		THER:	ome 5 🗆 Raaldencs	6 ☐ Other (Specify)			
27. MANNER OF OEATH	28a. DATE OF INJ	URY	26b. TIME O	F 28c.	NJURY AT	28d. OESCRIBE NO	W INJURY O	CCURED	
1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	rear)	INJURY		WORK?				
3 Suicide 6 Could not be	26a. PLACE OF IN	JURY — At home	ı, farm, atree	nt, lactory, of	ffice	28f. LOCATION (Sin		er or Rural	Route Number,
4 Homicide detarmined	building, atc.	(эрвспу)				City or Town, St	ate)		
29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death	occurred a	t the time, d	ata and placa, and dua	to the cause(s) and	manner ea si	lated.	e) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		16 III		i my opinion					LIB AND COSTA
THE OF CENTRE	1. hr	1			D 2333		29d. DA	TE SIGNED	(Monthy Day, Year)
30. NAME AND ADDRESS OF PERSON WI	10 COMPLETEO CAUSE (F DEATH (ITEM 2	27) (Type, Prin	nt)	1 = 2000			/	19
Dr. Qamar Zaman	, Suite 10	2, 625 I	Kent	Avenu	e, Cumber	land, MD	215	02	
31. DATE FILEO (Month, Day, Year) MAR 1 7 1994	32 EGISTRAR'S	SIGNATURE	wi						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Ray 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or after 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		ATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	AIL OF BLAIT	2. DATE OF DEATH		3. TIME OF DEATH			
	ROBERT GORDON HI	r.t.			03 19	YEAR Q4				
- 1	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIRT	HPLACE (State or Foreign			
	214 05 8029 9e. FACILITY NAME (# not institution, give		30 YRS.	NTHS DAYS HOURS MIN.	6-29-1913 Maryland					
IOR	SACRED HEART HE			CUMBERLAND		ALLECAN	ALT. FCANY			
DIRECTO	10a. STATE 10b. COUNT		10c, CITY, TO	OWN OR LOCATION			10d. INSIDE CITY			
ᆵ	MD Alle	anv	Cumb	erland -		LIMITS?				
F F	10e. STREET AND NUMBER	gan,	1 00	10f. ZIP COOE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	450 North Cent	re Street		21502		USA				
5	11. MARITAL STATUS	12. WAS DECEOENT EVER IN FORCES? 1 X YES	N U.S. ARMED	13. WAS DECENDENT OF HISPA		r No — 14. BAC	E American Indian,			
BY	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	ATES	Il yes, specify Cuban, Mexic 1 YES 2 NO Speci		Spec	offy:			
		WW II		<u> </u>			hite			
<u> </u>	15. DECEDENT'S EDU (Specify only highest grad		(Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)			Toy Nov	elty St	ore			
٤	12 17. FATHER'S NAME (First, Middle, Last)		Manager		AME (First, Middle, Maiden S					
- 11					ie Nesbitt	mame)				
4	Hugh Harvey F		195 MAILING AD	DRESS (Street and Number or Rural		State 7in Code)				
2	Marie M. Hill			orth Centre St			D 21502			
	200. METHOD QE DISPOSITION	200	. PLACE AND DATE OF D			ATION — City or T				
- 1	1 Donetion 5 Other (Specify)	noval from State Cen	netery, crematory or other	placel	3-20-94 Smi					
	21. SIGNATURE OF FUNERAL SERVICE L		HILISPULE	22. NAME AND ADDRESS OF FA	ACILITY		,			
	>1/10halow	May not),	Scarpelli Fu			1m 01500			
	23. PART . Enter the diseases of	complications that cause	the death Do not	108 Virginia	Avenue Cumb	erland,	MD 21502			
	IMMEDIATE CAUSE (Final disease or condition	/Liat only one cause on e	ach line.				Interval Batween Onset end Death			
d	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF):	the ancuryon						
z	a atherseleum									
2	Sequentially liat conditions, If any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):								
If any, leading to immediate cause. Enter UNDERLYING										
3	CAUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE OF):									
IFICA	CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A	CONSEQUENCE OF):							
EHILLICA	CAUSE (Disease or Injury	c. DUE TO (OR AS A	CONSEQUENCE OF):							
- 17	CAUSE (Disease or Injury that initiated events resulting in death) LAST	dns contributing to deeth b	out not resulting in t	he underlying cause given in	n Part I. 24s. WAS AN A		b. WERE AUTOPSY FINDINGS			
4	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	out not resulting in t	he underlying cause given in	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
4	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition Previous mayo	dns contributing to deeth be cardened 94	out not resulting in the	he underlying cause given in	1 Part I. 24s. WAS AN A PERFORM	ED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition Previous mayo	dns contributing to deeth b	out not resulting in the	ne underlying cause given in	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL	PART II. Other significant condition PLOVIN MY DJD 3/P Fred Values Ves 25. WAS CASE REFERRED TO MEDICAL	ns contributing to deeth be windered Dup replaced 1	out not resulting in the	he underlying cause given in	PERFORM 1 TYES 3	ED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	PART II. Other significant condition Previor myst DJD 3/2 Feb Variance Ves	dns contributing to deeth be cardened 94	farth	26. PLACE OF DEATH (CI	PERFORM 1 YES 2	ED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
HISICIAN: MEDICAL	PART II. Other significant condition PART II. Other significant condition PROVED MY DJD 5/P HE LULLER VES 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 10 Templaces 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	put not resulting in the factor of the facto	26. PLACE OF DEATH (C) THER: Nursing Home 5 Reeldence	PERFORM 1 YES 2	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
T PHISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting In death) LAST PART II. Other significant condition Previous may be a series of the condition of the	ns contributing to deeth by replaced of the property of the pr	put not resulting in the factor of the facto	26. PLACE OF DEATH (C) THER: Nursing Home 5 Reeldence	PERFORM 1 YES 2 heck only one) 6 Other (Specify)	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
LED BY PHYSICIAN: MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting In death) LAST PART II. Other significant condition Previous mayor the significant condition of the sig	HOSPITAL: Partient 2 ER/OUIT 280. DATE OF INJURY Month, Day, Year)	put not resulting in the forest in the fores	26. PLACE OF DEATH (CI FHER: Nursing Home 5 Reeldence F 28c. INJURY AT WORK? M 1 YES 2 NO	PERFORM 1 YES 2 heck only one) 6 Other (Specify)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
LED BY PHISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition PROVED MAJORITH TO SIGNIFICANT OF SIGNIFICANT	HOSPITAL: Impatient 2 ER/Out	put not resulting in the forest of the fores	26. PLACE OF DEATH (CITHER: Nursing Home 5 Reeldence F 28c. INJURY AT WORK? M 1 YES 2 NO	PERFORM 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW IN. 28f. LOCATION (Street an City or Town, State)	NO RURY OCCUREO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
MPLETED BY PHISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition PROVED MY 1 DJD 1/P 1 VALUE VES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 2 Accident Investigation of the determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: None of injury (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specialization)	patient 3 DOA 4 DOA 1 DO	26. PLACE OF DEATH (CITHER: Nursing Home 5 Reeldence	PERFORM 1 YES 2/ heck only one) 6 Other (Specify) 28d, DESCRIBE HOW IN. 281. LOCATION (Street an City or Town, State) e to the ceuse(e) end menn	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,			
COMPLETED BY PHISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting In death) LAST PART II. Other significant condition of the conditio	HOSPITAL: HOSPITAL: Hopetient 2 = ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basel of examination)	patient 3 DOA 4 DOA 1 DO	26. PLACE OF DEATH (C) THER: Nursing Home 5 Reeldence F 26c. INJURY AT WORK? M 1 YES 2 NO If, fectory, office	PERFORM 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW IN. 28f. LOCATION (Street an City or Town, State) 1 to the cause(e) and manner time, date and place, and	NO RURY OCCUREO d Number or Rural er ee stated. due to like ceuse(AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition PROVED MY 1 DJD 1/P 1 VALUE VES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 2 Accident Investigation of the determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: Month Day Year) Contributing to deeth be Contributing to d	patient 3 DOA of 1 DO	26. PLACE OF DEATH (C) FHER: Nursing Home 5 Reeldence F 28c: INJURY AT WORK? M 1 YES 2 NO N, fectory, office	PERFORM 1 YES 2 heck only one) 6 Other (Specify) 28d, DESCRIBE HOW IN. 281. LOCATION (Street an City or Town, State) e to the cause(e) end menn e time, date end place, end	NO NO NO NO NO NO NO NO NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end menner ee stated. D (Month, Day, Year)			
T PHISICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant conditio	HOSPITAL: No inpatient 2 ER/Out 28e. PLACE OF INJURY 28e. PLACE OF INJUR	put not resulting in the forest of the fores	26. PLACE OF DEATH (C) FHER: Nursing Home 5 Reeldence F 28c. INJURY AT WORK? M 1 YES 2 NO N, fectory, office If the time, date end place, end due n my opinion, death occured at the	PERFORM 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW IN. 28f. LOCATION (Street an City or Town, State) 1 to the cause(e) and manner time, date and place, and	NO RURY OCCUREO d Number or Rural er ee stated. due to like ceuse(AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end menner ee stated. D (Month, Day, Year)			
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant conditio	HOSPITAL: HOSPITAL: Month Day, Year) 28e. DATE OF INJURY building, etc. (Special Control of the base of examinations of the base of ex	patient 3 DOA 4 DOA 1 DO	26. PLACE OF DEATH (C) FHER: Nursing Home 5 Reeldence F 28c. INJURY AT WORK? M 1 YES 2 NO N, fectory, office If the time, date end place, end due n my opinion, death occured at the	PERFORM 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW IN. 28f. LOCATION (Street an City or Yown, State) e to the cause(e) and menne time, date and place, and IMBER	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end menner ee stated. D (Month, Day, Year)			

1	REGISTI
	1. DECEDENT'S
	ELSIE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	DEATH	REG. NO				
N	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	ELSIE MAXINE HARTSOCK 03 23 94 6:									
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Country Dest Section 1. DATE OF BIRTH Country Dest Section 1. DATE OF BIRTH Country Dest Section 1. DATE OF BIRTH COUNTRY DESTRUCTION 1. BIRTHPLE COUNTRY DESTRUCTION 1. BIR									
	210 10 1200	LG 18 1288 1 M 2 F 69 YRS. MONTHS DAYS HOURS MIN. 8/8/1924 MA								
DIRECTOR	SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEMENT									
JE I	10e. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c								
		LEGANY	C		ANVILLE			XX YES 2 NO		
FUNERAL	GENERAL DELIV	JERY			01. ZIP CODE 21524		10g. CITIZEN OF	F WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 \(\subseteq YES, GIVE WAR OR DE	3X X10	If yes,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 No Specify: Specify:					
	15. DECEDENT'S EDUCA	ATION omoisted!	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS	SINESS/INDUSTRY			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) HOMEMAKER									
	17. FATHER'S NAME (First, Middle, Last) HOWARD BURKETT 18. MOTHER'S NAME (First, Middle, Meiden Surname) ESTHER POGUE									
BE	19e. INFORMANT'S NAME (Type/Print)				1			60048		
임	DELORES R.	CLUTTER	1131	CREST:	FIELD A	Poute Number, City or Tow PE, LIBER	n, State, Zip Code) RTYVILL	E, IL		
	20. METHOD OF DISPOSITION 14 Burlel 2 Cremetion 3 Ramov 4 Donation 5 Other (Specify)	val from State 20b	UNSET OF				CUMBER	Town, State LAND, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Do I	-		VEY H. 2	ZEIGLER F		номе		
	23 PART I Enter the diseases of the	malications that caused	the death Don							
	23. PART I. Effer the diseases, or committee that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition									
	disease or condition resulting in death) DIFE TO (OR AS A CONSEQUENCE OF): Metartatu Curve Carrier									
N	Sequentially list conditions, b. Melartatre lung Conner									
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
잂	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE									
DICAL		eune				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME	Near	the						OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	ant ant and				
泛	EXAMINER?	HOSFITAL:	-M 2 - DOA	OTHER:						
H I	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM		me 5 Residence	8 U Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED			
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY V	YES 2 NO	200. DEGOTIOE HOTT	NOON COOCHED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	street, factory, of	Ice	28t, LOCATION (Street a City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
91	29e. CERTIFIER	IANa To the best of our form				Adam or and Common	Understate.			
COMPLETED		IAN: To the best of my know On the basis of examination						e(e) end menner ee stated.		
	296. SIGNATURE AND TUTLE OF CERTIFIER				29c. LICENSE NU		29d. DATE SIGN	ED (Month, Day, Year)		
H C	Cellor	-wo			03341	(md)	► 3/2g	Y/9 Y		
5	30. NAME AND ADDRESS OF PERSON WHO JAMES R MOEN	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, 3 NATION	Print) VAL /M	i CAI					
}	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN				/				
	3-25-94	4 Julia Da	vidson-R	andal1						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
			JANE	HARRI	SON							3.05P W
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In	yrs. lest birthde	y) IF UN	HDER 1 YEA		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTI	HPLACE (State or Foreign
21660144		1 □ M 2 🙀 F	43	YRS	1.	111		100	11-17-195	0		nsylvania
9e. FACILITY NAME (If not in							N OR LOCAT	ION OF DE	ATH	100	JNTY OF E	
Prince Georg		ospital (Center	<u> </u>	Che	ever	1.у			Pri	ince	Georges
10a. STATE	10b. COUNTY	1		10c.	CITY, TOW	N OR LO	CATION					10d. INSIDE CITY
Maryland	Princ	ce george	25	R	iver	da1.e						1 YES 2 NO
10e. STREET AND NUMBER							101. ZIP COD	E		10g. CI1	TIZEN OF	WHAT COUNTRY?
5610 Patters	son Rd						20737			USA	1	
11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS DECEDEN FORCES? 1	YES	2 NO		13. WAS I	DECENDENT (OF HISPAN	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No-	14. RACI Blac	E — American Indien, k, White, etc.
3 Widowed 4 1 Divo		IF YES, GIVE V	WAR OR DATE	ES		1 🗆 1	YES 2 NO	Specify	<i>r</i> :		Spec	hite
15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY												
Elementary/Secondary (0	(Specify only highest grade completed) (Give kind of work done during most of working Elementary/Secondary (0-12) College (1-4 or 5 +)											
8th				Office	C1.e	rk			US Gover	nmer	nt	
17. FATHER'S NAME (First, M									ME (First, Middle, Meiden	Sumame)		
F1.0yd SWE								len I				
Floyd Swe				R.D.	4,]	BOX.	354, N	or Aural I Meyrei	Sdale, PA	1, Store, Zi	52	
20a. METHOD OF DISPOSIT.	n 3 🗆 Reme	oval from State		CACE AND DA							tt, I	
21. SIGNATURE OF FUNERA	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
Newman Funeral Home, Inc. 101 S. Grant St., Salisbury, PA 15558												
23. PART i. Enter the di shock, or h	iseases, or c eart fellura.	complications the List only one cau	t caused t	the death. D	o not en	iter the	mode of dy	ing, auc	h as cardiac or respi	ratory ar	rest,	Approximate interval Between
IMMEDIATE CAUSE (Fir	nal	4.4										Onset and Death
disease or condition resulting in death)	→	. Hy	POX	CONSEQUENCE	9							244
		1,	1	1	/	21	rillar	4 00				246
Sequentielly list conditi		b. DUE TO	OR AS A C	ONSEQUENCE		. 0	F111611	16/	7			777
if any, landing to imme- cause. Entar UNDERLY	ING	. Proc	um	mia								2 Days
CAUSE (Disease or injute that initiated events	lry		W- 1-	ONSEQUENCE	OF):							
reaulting in death) LAS	T (d										
PART II. Other algolfica	int condition	a contributing to	death but	not resultin	a in the	underh	ving cause	given in	Part I. 24a, WAS AN	AHTOBEV	244	, WERE AUTOPSY FINDINGS
Mild	Ment	al Rel			J u.u			g., 411 111	PERFOR	MED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Hudan	ceph	1	N. A.	114					1 YES 2	XHO		OF DEATH?
	Joseph Company	-1/							_			I IES Z NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						. PLACE OF E	EATH (Ch	ack only one)			
1 VES 2 ANO		HOSPITAL:	ER/Output	lent 3 🗆 DOA		HER: Nursing h	iome 5 🗆 R	eeldence	6 Other (Specify)			
	Pending Investigation	28e. DATE OF (Month, D			TIME OF INJURY		INJURY AT WORK?	NO	28d. DEŞCRIBE HOW II	NJURY OC	CURED	
3 Suicide 8	Could not be	28s. PLACE O	F INJURY — atc. (Specify	At home, ten	m, atreet,	tactory, o	office		28t, LOCATION (Street e City or Town, State)	nd Numbe	er or Rumil i	Route Number,
290. CERTIFIER										_		
(Check only									to the cause(s) and man			
			AMINIMINATION &	ind/or investig	etion, in fi	ny opinio	-		time, date end place, en			
29b. SIGNATURE AND TITLE	OF CERTIFIER	_MA					29c. LIC	ENSE NUM	ABER	29d, DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	F PERSON WHI	O COMPLETED CALL	SE OF DEAT	H (ITEM 27) /3	roe Print)	_	D.	> /	137	3	5/2.	3/77
Stepha	nie -	Trifox.	10	MD		500	Gre	enwa	Centur.	She	Cre	enbelt MD
31. DATE FILED/(Month, Day, MAR 2		32 MEGIŞTRA	R'S SIGNAT	CREATE	4							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bont be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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	REGISTRAR			ERITE	ICATE O	F DEATH	REG. N	Ю.			
	1. DECEDENT'S NAME (First, Middle, Last) EDNA	EVE	LYN		HI	L	2. DATE OF DEATH MONTH 24	, ^M 1994	YEAR	3. TIME OF DEATH 13:30 PM	
	4. SOCIAL SECURITY NUMBER 214-05-9.210	5. SEX	6. AGE (In yrs.)	est birthday) YRS.	IF UNDER 1 YEAR					HPLACE (State or Foreign try) St Virgini	
20	98. FACILITY NAME (II not institution, give s SACRED HEART HO RESIDENCE OF DECEDENT		· ·		9b. CITY, TOWN OR LOCATION OF DEATH CUMBERLAND				9c. COUNTY OF DEATH ALLEGANY		
DINECION	10s. STATE 10b. COUNT	gany			nberla			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO			
	Oldtown Manor				101. ZIP CODE 21502				10g. CITIZEN OF WHAT COUNTRY? USA		
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 ☐ YES 2 ※ NO Specify:				s or No- 14. RACE - American Indian, Black, White, etc. Specify: White		
COMIL EL LES	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	·)	DECEDENT'S (Give kind of with Do NOT us	l of work done during most of working)T use retired.)				JSINESS/INDUSTRY Home		
	17. FATHER'S NAME (First, Middle, Last) Charles Mille	r		18. MOTHER'S NAME (First, Middle, Malden Surname) Katherine Miller							
3	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		Route Number, City or		ip Gode)			
	Loretta Christ	man	1510-	B-01d	town Mai	nor, Cumb	erlan	nd, M	ld. 21502		
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from Stats	20b. PLAC	E AND DATE O	FOISPOSITION her place)	Name of	OATE 20c.	LOCATION -	- City or To		
	21. SIGNATURE OF FUNERAL SERVICE LIC	a. Rily A. Leasure-Stein, Inc. 230 Balti Cumberland, Md. 21502									
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST										
	Com Carginon-a. PERFORMED? 1 yes 2 ETNO OF COM								b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL	ig									
	EXAMINER?	HOSPITAL:	Measurement .		OTHER:	PLACE OF DEATH (C	20 00 11	-			
	27. MANNER OF CEATH	1 Inpatient 2	INJURY	3 L DOA		ome 5 Assidence	8 Other (Specify)	∾ vaiii'Ni A	CCUREO		
	1 Netural 5 Pending 2 Accident Investigation	(Month, D	lay, Year)	Гил	M 1 [WORK? YES 2 NO					
0.	3 Suicide 6 Could not be determined	28e. PLACE 0 building,	F INJURY — At I atc. (Specify)	nome, term, s	treet, tectory, o	ffice	28t. LOCATION (Stre City or Town, Str	et end Numbe ite)	er or Rural	Route Number,	
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE						e to the cause(s) and r			s) end menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIED	Donn	form			29c. LICENSE NO		29d. DA	TE SIGNE	0 (Mogth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO S. Gupta, M.D.	1/					mberland	- Md	21	502	
	31. DATE FILEO Month Day Year 199	4 Julia	AR SIGNATURE	Revolate	<u> </u>	iug. Jui	- Joint	, rid .			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Durs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	FOR STATE REGISTR
ı	1. DECEDENT'S
1	363 1 3-

	REGISTRAR		CE	ERTIF	CATE	OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF OEATH
	Mildred	Joyn	er					Mar	17	AY	1994	2:30 Pm
	4. SOCIAL SECURITY NUMBER	-	AGE (In yrs. les	t birthday)	IF UNDER 1	1 YEAR	IF UNDER 24 HRS.	7. DATE OF				IPLACE (State or Foreign
	577-09-6453	1 □ M 2 🗓 F	87	YRS.	MONTHS	DAYS	HOURS MIN.		Dav. Year)	906	Texa	(γ)
	9e. FACILITY NAME (If not inetitution, give st	ACILITY NAME (If not institution, give street end number)					R LOCATION OF D			7	INTY OF D	EATH
DIRECTOR	3701 International Dr #459 Silver Spring Montgomer									ery		
Œ	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY			
5	Maryland Montgo	merv		S 1 1 17	er S	Diri	10	177				LIMITS?
A	10e. STREET AND NUMBER						ZIP CODE	10g. CITIZEN OF WHA				**
FUNERAL	3701 Internationa		20906				10g. CITIZEN OF WH					
2	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT E FORCES? 1					ENDENT OF HISPAI			or No	14. RACE	E — American Indian, k, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR			1	☐ YES	2 XNO Specif	y:	on, otta,		Speci whit	thy:
	15. DECEDENT'S EDUC	ATION	16e. DE	CEDENT'S	USUAL OC	CUPATIO	N .	16b. K	IND OF BUS	SINESS/IN		.е
	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	Do NOT us	rork done di e retired.)	uring mo	st of working	1				
립	12	4	Tre	easur	er			Wi	lnslo	w Pa:	int (Company
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S NA					
BE C	Beal Wilson						Floren	ce Hic	ks			
	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	(Street e.	nd Number or Rural	Route Number	City or Tow	n, State, Zi	p Code)	
٩	Jack Joyner			11603	Gai	1 P	lace	Wheat	on.	Mary	land	20902
	200. METHOD OF DISPOSITION		20b. PLACE					DATE	-		City or To	
	t Buriel 2 Cremetion 3 Remo	tombment	Cate (matery or oti	her place)	Сет	netery	3/21	S 1 1	ver	Sprin	ng, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENGEE	10000	J. III	22. N	IAME AN	D ADDRESS OF FA	CILITY			opili	ig, naryrand
	11/5	16					-Rinaldi					
	23. PART I. Enter the diseases, or c	/-		=	111	800	New Ham	pshire	<u>Ave</u>	Si	lver	Spring, MD
	shock, or heart fallure. L	lat only one cause	on each line	ein. Do n	ot enter t	tne mo	da of dying, suc	h aa cardla	c or reap	ratory ar	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition											Onset and Death
	reaulting in death)	DUE TO (OF	phic la	teral	sclen	PSIS						3 years.
		DUE TO (OF	AS A CONSEC	DUENCE OF	7):							1
CERTIFICATION	Sequentially list conditions,	DUE TO (OR	AS A CONSEC	DIENCE OF	n.							
AT	if any, leading to immediate cause. Enter UNDERLYING				,							
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEC	DUENCE OF	7):							_
E	resulting in death) LAST											
DICAL	PART ii. Other algnificent conditions	contributing to de	ath but not r	esulting i	n the unc	derlying	ceuse given in	Part i. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
								_ 1	YES 2	KNO		OF DEATH?
M												1 NES 2 NO
PHYSICIAN: ME												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only one)				
YSI	1 TES 2 XNO	1 Inpatient 2 EF	VOutpetient 3	□ DOA			5 🗆 Residence	6 Other (Specify)			
표	27. MANNER OF DEATN	26e. DATE OF INJ (Month, Day,	URY (bar)	28b. TIME INJU	E OF :	28c. INJI WO	JRY AT RK?	26d. DESC	NOW I	NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation				M	1 🗌 Y	ES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	JURY At ho (Specify)	me, ferm, s	treet, fecto	ry, office			ION (Street a Town, State)		r or Rural R	Toute Number,
	4 Homicide determined											
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, de	ath occurre	d at the tin	ne, dete	end place, end due	to the cause	(e) end mer	ner ee sta	rted.	
S	one) 2 MEDICAL EXAMINER	: On the besis of exem	Instion end/or I	nvestigation	n, in my op	olnion, de	esth occured at the	time, date er	d place, en	d due to t	he ceuse(e) end menner es stated.
	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
8	AG ON MI	>					D4161			•	3/18/	
임	30. NAME AND ADDRESS OF TERSON WHO	COMPLETED CAUSE (OF DEATH (ITE	М 27) (Туре,	Print)		- 11 E-11				1/0	11.
	E. Serrin Gantt, M	i.D. 14816	Physi	cians	Lan	e #:	253 Rock	ville.	. Md	2085	0	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE			- 11			,	2000		
	MAR 2 2 1994	Julia Savidson	n-Hande	82								
			_									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ONMN-16 Rev 1/89

1 - STATE REGISTRAR	STATE OF MAI					EALTH AND DEATH	MEN'		E		
1. DECEDENT'S NAME (First, Middle, La	nst)			OAIL	. 01	DEATH	T 2 0/	REG. NO.			3. TIME OF OEATH
ANDRE	W (NMI)	JAC	'OB			MC	arch 147		YEAR	10:45 P M
4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 24 HRS.	_	TE OF BIRTH		_	PLACE (State or Foreign
208-09-9918	1 K M 2 F	83	YRS.	MONTHS	DAYS	HOURS MIN.	(M	onth, Day, Year)		Countr	/)
9s. FACILITY NAME (If not institution, gi	ve street and number)	0.5		9b. CITY, TOWN OR LOCATION OF DEATH					27,1911 Pennsylvania		
Salisbury Nursi	ng & Renab.	Center	<u> </u>	Salisbury, MD 21801 Wicomico						mico	
10a. STATE 10b. COL	INTY		10c. CITY	Y, TOWN O	R LOCATI	ION					10d. INSIDE CITY
Maryland S	omerset		Pr	ince	ss A	nne					LIMITS?
10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZI	EN OF W	THAT COUNTRY?
12797 E. Ridge	Rd.					21853			USA		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - American Indian							- American Indian.				
1 Never Married 2 Married FORICES? 1 X YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, Whita, etc.											
3 Wildowed 4 Divorced WW II Specify: Specify: White											
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIo.	Do NOT use	e retired.)		. or morraing					
3	0	Sel	f-emp	loye	d			Farmer			
17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S N	AME (Firs	st, Middle, Malden S	Surname)		
<u>John D. Jacob</u>						Anna	_ (u	nk) Po	ortic		
19a. INFORMANT'S NAME (Type/Print)		19t	MAILING	AODRESS	(Street an	d Number or Rural	Route N	umber, City or Town	, State, Zip C	ode)	
George Jacob		1.	2797	E. R	idge	Rd., F	rin	cess Ani	ne, MI	2 1	853
20a. METHOD OF DISPOSITION 1 C Burial 2 Cremation 3 R	amoval from State	20b. PLACEA	NDDATEO	F DISPOSIT	TION (Nan	ne of			ATION - C		
4 Donation 5 Other (Specify)		St.Ma:	Ty S	Ceme	tery	7	3/	18 Bea	averda	ale,	PA
21. SIGNATURE OF FUNIDIAL SERVICE	LICENSEE					D ADDRESS OF F					
* / Intical	of Aboll-	11		1		way Fur					
23. PART I. Enter the diseases,		used the de	eth Do n	ot enter t	O I S	now Hil	1 R	d. Sal:	sbury	y , M	
snock, or neart fellul	re. List only one cause	on each lina.	(or enter i	ine moo	ia oi uyirig, su	CIT MM C	ardiec or reapir	etory arres	st,	Approximata interval Between
IMMEDIATE CAUSE (Finel disease or condition	D.	NC 5200	\times								Onset and Death
resulting in death)	a. One my	AB A CONSEQ	-4 Cd								440
	7 1000	AS A CONSEC	2/2	1	4.						1
Sequantially list conditions,	h. OUE TO JOB	AS & CONSEQ	HENCE OF	- C	_						10000
if any, leading to immediate cause. Enter UNDERLYING	B	0 11	1								2
CAUSE (Disease or Injury that initiated events	C. DUE TO (OR	AS A CONSEQ	UENCE OF	N.							-40
resulting in death) LAST	1	101)								111.
											1300
PART II. Other significant condit	ions contributing to dea	ith but not re	sulting is	n the und	derlying	cause given in	Part I.	24s. WAS AN A PERFORM			WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
200								1 TYES 2			COMPLETION OF CAUSE
t								11.55 1105 153		1 3	OF DEATH?
										1	5.841.57T.C3184.3341.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	The state of the s				26. PLA	CE OF DEATH (C)	heck only	tame).		-	
1 ☐ YES 2 ☑ NO	HOSPITAL:	Outpatient 3		OTHER:		3 🗆 Residence	# El 01	her (Specify)			
27. MANNER OF DEATH	28s. DATE OF INJ. (Month, Day, 16	JRY	26b. TIME	OF 1	inc. INJU	MY AT	-	ESCRIBE HOW IN	JURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigatio	3.5		inc.		1 YE	19 2 NO					
3 Suicide 6 Could not 1	28e, PLACE OF IN.	JURY At hon	ne, ferm, st	treet, fector	ry, office		201, L	OCATION (Street or	at Number or	Plumit Bo	rulle Numbec
4 Homicide determined		(checul)					9	ity or Xiwn, State)			
29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the beat of my I	knowledge des	th assume	d =4 th = 11-	4.4.	-4-1 4.4	_				
	INER: On the basis of exami										
A.			vanyanon	., my op				and place, and	due to the	cause(s)	and manner as stated.
29h. SIGNATURE AND TITLE OF CERTIF	HER					29c. LICENSE NU	MBER				Month, Day, Year)
20 NAME AND 199		1				D-2934	19		▶ 3.	-15	-74
30. NAME AND ADDRESS OF PERSON											
Dr. William Rob	ins, M.D.	1104	4 HEA	LTHW	AY D	RIVE, S	ALI	SBURY, N	ID 21	801	
31. DATE FILED (Month, Day, Year) MAR 18 1994	32. REGISTRAR'S	SIGNATURE	, D.	1.00							
INDURY I V 100 A	1 danu	- minima	1-May	wette							

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is merked, or Item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF N	/MARYLAND /			T OF H			MENT	AL HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Lest)				10/11		<u> </u>	-	2. DA1	TE OF DEATH			3. TIME OF DEATH
	Linda C. Jon	20							MOR	UH DI		YEAR	3:20 p M
		. SEX	6. AGE (In yrs. les	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH	. / ,		LACE (State or Foreign
	214-68-6930	□ M 2 X F	36	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, Year)	057	Country,)
1 7	Se. FACILITY NAME (If not institution, give stree	t and number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF DE		TA'0'		ITY OF DE	ryland
R	Door's Hoad	Contor				-14	- l				Chi Turaya		
15	Deer's Head	center		Salisbury							Wicomico		
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		
	Maryland Wicom	ico		Salisbury							1 TYES 2 NO		
FUNERAL	10e. STREET AND NUMBER				101.	ZIP COD	E			10g. CITIZEN OF WHAT COUNTRY?			
Ü	216 Morris Mill					218	01			17.	S.A		
5		T EVER IN U.S. AR		13.					ilN? (Specify Yes o Ricen, etc.)	or No-	14. RACE	- American Indian, White, etc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	AR OR DATES			1 TYES				o recent, etc.)		Specify		
ED E	15. DECEDENT'S EDUCAT		I										Black
ETE	(Specify only highest grade cor	mpleted)	(G		work done	during mos		ng	1	66. KIND OF BUS	SINESS/IND	USTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5 d)		- 101					Man			
COMPL	17. FATHER'S NAME (First, Middle, Last)	7	1 1	ome	SCIC	-	18 MOT	HED'S MAI	ME /Eins	NOT			
U U	Mexico Stephens									h Gair			
00	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRES	S (Street en				mber, City or Tow		Code)	
2	Elizabeth Steph	enc								Salish			21801
	20s, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova		20b. PLACE	AND DATE	OF DISPO	SITION (Nan		LINC			CATION —		
	4 Donation 5 Other (Specify)	I from State	Spri	natory or o	ther place	Gard	dens	2		40	broi	. Md	Consti
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		-	22	NAME AN	D ADDRE	SS OF FAC	CILITY				
	I Gladys B,	Stew	vart		- 1					art Fu lisbur			
	23. PART i. Enter the diseases, or con	nplications tha	caused the de	eath. Do	not ente	r the mod	de of dy	ing, such	h aa ca	rdiac or respi	ratory arm	est,	Approximate
	shock, or heart failure. Lis	t only one cau	se on each ilne	9.									Interval Between Onset and Death
	disease or condition	Chron	ic and	Acu	ite	Rena	Renal Failure						l vear
			(OR AS A CONSEC										1 Jean
Z	Sequentially list conditions, b.	Sarco	id Nepl	hrop	ath	У							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		nary Sanary										0
[윤]	CAUSE (Disease or injury that initiated events		OR AS A CONSE			212							8 years
∄	resulting in death) LAST		,		. 7.								j
8	d												1_
SAL	PART ii. Other significant conditions of								Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	Pseudomonas Pneu									1 TYES 2			COMPLETION OF CAUSE OF DEATH?
MED	nephritis, Hyper					isea	se,	Ba	al		21		1 YES 2 NO
ä	ganglia Hemorrha	agic C	.V.A.	ol	d , I	Resp	. Fa	ailu	ne			-	
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:				26. PL/		EATH (Che		one)			
lS	1 TYES 2 NO 1		ER/Outpatient 3	□ DOA	OTHE		5 🗆 Re	eldence	6 🗆 Ott	her (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF (Month, D.		26b. TIM	E OF URY	28c. INJU WOR	PRY AT		28d. D	EŞCRIBE HOW II	UNITY OCC	URED	-
à	1 Netural 5 Pending 2 Accident Investigation				М		ES 2] NO					
<u>a</u>	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	eme, ferm,	street, fec	tory, office			28f. LC	CATION (Street a by or Town, Stete)	nd Number	or Rural Ro	ute Number,
	29a, CERTIFIER	nana la es					0 4						
COMPLET	(Check only one) 1 CERTIFYING PHYSICIA MEDICAL EXAMINER: (and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER				,,					me and place, an			
8	9/12/11		~	L-				E O O			29d, DATE	SIGNED (Month, Day, Year)
욘	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CALL	SE OF DEATH (ITE	7 6	Prints		דמ	509	3		3	-17	-1994.
	Elsa M. Goris.					Fmo	rac	n A.	540	Calic	14.2	2.7	1901
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	UX 2	OTO	Eme	1.50	п А	e.	Salls	. MO	. 2.	FOUT
1	MAR 2.1 1004	1	N. V	76.7									

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	1. DECEDENT'S NAME (First, MIGGIG, Last) VINCENT JAMES JUNE, SR. 1. DECEDENT'S NAME (First, MIGGIG, Last) 2. DATE OF DEATH MONTH DAY MONTH DAY 1753 1753												
	4. SOCIAL SECURITY NUMBER					- 224		-		MARCH IC	1, 199		
	185-28-5877		5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	HOURS		7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not in			37	THO.	AL OFF							LVANIA
Œ	PENINSULA I	D	96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF D SALISBURY WICOMI										
8	RESIDENCE OF DEC	IX	SAEISBORI WICOMICO										
DIRECTOR	DELAWARE	10c. CITY, TOWN OR LOCATION SEAFORD								Dd. INSIDE CITY LIMITS? X YES 2 NO			
A	10e. STREET AND NUMBER						101	101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
EB	113 NORTH B	RADFOF	ED STREET					19973			U	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Divo	T EVER IN U.S. AR YES 2 N AR OR DATES			If yes, sp	ecify Cubs		C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No	Black, V	- American Indian, White, etc.		
		EDENT'S EDU y highest grade			CEDENT'S				na	16b. KIND OF BUS	INESS/INDU	JSTRY	
COMPLETED	Elementary/Secondary (0 10YRS.	1-12)	College (1-4 or 5 +	.) Iffo.	Do NOT us	e retired.)	200		RMAN	INDUSTRI	IAL RI	EPAIR	S
	17. FATHER'S NAME (First, M VINCENT AR'		UNE					18. MOTELLE	HER'S NAM	IE (First, Middle, Malden IRGINIA WE	Sumame) RIGHT	JONE	S
TO BE	190. INFORMANT'S NAME (THELEN D. JU									SEAFORD,			19973
	20e. METHOD OF DISPOSITE	n 3 🗆 Rem	oval from State	20b. PLACE	ND DATE (OF DISPOS	ITION (No	ma of		DATE 20c. LO	CATION — C	aty or Town	
	4 Donation 5 Other 21. SIGNATURE OF PUMERA	_	CEMBEE / /	EASTER	N SH				SS OF FAC	3/15/94			
	1	aug	W 45	Tes		W	ATSC	N-YA	TES :	FUNERAL HOWARE 19973		NC.	
	23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart tailure.	List only one cau	se on each line					ing, such	as cardiac or reapi	ratory arre	eat,	Approximata interval Between Onset and Death
CERTIFICATION													
E I	even and a review of		d										
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. DIDETTES THE PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY PERFORMED? 1 YES 2 YNO									AA CH OI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO		
ä													
5	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Chec	ck only one)		-	
PHYSICIAN:	1 YES 2 NO 27. MANNEB OF DEATH 1 Netural 5	Dandles	1 28a. DATE OF	INJURY	286. TIM		28c. INJ	_	-	Other (Specify) 28d. DESCRIBE NOW II	NJURY OCC	URED	
ED BY	2 Accident 3 Suicide 8	Pending investigation Could not be	28e. PLACE Of building.	F INJURY — At ho	me, farm, s	M street, fac		/ES 2 [NO	281. LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	te Number,
	4 Homicide	determined											
COMPLET	1									to the cause(s) and man			nd menner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERCUPAR	-					29c. LICI	I 94	BER (3.2)	29d. DATE	SIGNED (M	Onth, Day, Year)
5	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAUS	SE OF DEATH (TE	\$ 27) (Type,	Print)	Biv	8/1-1	do	In Sa	1) 12	7.71	10 21801
	31. DATE FILED CHOPP. OP 1994 32. REGISTRAT'S SIGNATURE Julia Davidson-Randelle 32. REGISTRAT'S SIGNATURE Julia Davidson-Randelle												

(VA)



DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	th. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.	eral director, page 5 should be detached for use as the burial-transit
IMPORTANT: It leam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	miner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Las		CERTIF	TMENT OF I	EAUTH AND I	MENTAL HYGIENE REG. NO.	3.6		
Baby Bo					2. DATE OF DEATH MONTH DAY	YEAR 1994	3. TIME OF DEATH 10:45PM	
4. SOCIAL SECURITY NUMBER infant	7	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) 3/18/94		IPLACE (State or Foreign	
Franklin Square		ter	вы ситу, тоwn Balti	more	EATH	9c. COUNTY OF DEATH Baltimore		
RESIDENCE OF DECEDENT 100. STATE 10b. COU			y, town on Loca Ltimore	TION		Darein	10d. INSIDE CITY LIMITS?	
10e, STREET AND NUMBER		Бал		. ZIP CODE		1 U YES 2 KNO		
9000 Franklin S 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Quare Drive 12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 (XNO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Blac	A E — American Indian, k, White, atc. ily: I te	
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) infant		16a. DECEDENT'S (Give kind of v life. Do NOT us infar	work done during ma se retired.)	ON sst of working	166. KIND OF BUS	INESS/INDUSTRY		
17. FATHER'S NAME (First, Middle, Last) Daniel Ray K 19a. INFORMANT'S NAME (Type/Print)	notts	19b, MAILING	ADDRESS (Street	Arlene	ME (First, Middle, Meiden S Ann Jacks Route Number, City or Town	on		
23. PART I. Enter the diseases, of ehock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. List only one ceuse on a	d the deeth. Do nech line.	ta	Prematur	ity		Approximate interval Between Onset end Deat	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	· Cha	consequence of	1 Must	/ /	ioamnionit:	me,		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the condition of the cause of the caus	cDUE TO (OR AS A dd	CONSEQUENCE OF	F): Huffly 1: M / 1 in the underlyin	Chor	Denti 24a. WAS AN / PERFORM	İS NUTOPSY 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condi	C. DUE TO (OR AS A d	a consequence of	F): 1 / / / / / / / / / / / / / / / / / /	Chor G couse given in	ioamnionit: Part I. 24a. WAS AN A PERFORM 1 YES 23	is	COMPLETION DF CAUSE OF DEATH?	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condi	DUE TO (OR AS A d. d. d. HOSPITAL: 1 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF	P): 26. P OTHER: 4 Nursing Hone URY M 1	G couse given in LACE OF DEATH (Chi	ioamnionit: Part I. 24a. WAS AN A PERFORM 1 YES 23	IS NUTOPSY 24b ABD? JURY OCCURED	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 X NO	

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TO THE UNCOTED OR STEENING SHOWN In law revening that the death nestlines he securited within Journ other death. Done & may be retained by the booked to encounted to the booked to encounted by the booked to encounted to the booked to the booked to encounted to the booked to the boo
THE THOU THE ON ALLEGE OF THE CONTROL OF THE CONTRO
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narries.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STAT	E OF MARYLAN		TMENT OF		MENTAL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First, I		Jones				2. DATE OF DEATH MONTH DA	1994	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 180-34-50:	31 1XM	6. AGE (In)	rrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI	April 4,1943 April 4,1943 April 4,000 Pennsylvania				
	L General		olis	SAIN .		Arunde1				
Anne Arunde: RESIDENCE OF DECI	Queen Ann	e's		stertov				10d. INSIDE CITY LIMITS? 1 YES 2VV NO		
100. STREET AND NUMBER	Dani D.	1- N 1- 0	Of, ZIP CODE	3 4 - 4	10g. CITIZEN	ZEN OF WHAT COUNTRY?				
100. STREET AND NUMBER 101 Pintail 11. MARHTAL STATUS 1 Never Merried 2 N 3 Widowed 4 X Divord	12. WAS FORC	E NECK, C DECEOENT EVER IN U. SES? 1 X YES S, GIVE WAR OR DATE	S. ARMED	13. WAS DE	21620 CENOENT OF HISPAI pecify Cuben, Mexica s 2XXNO Specify	NC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White		
(Specify only Elementary/Secondary (0-1	DENT'S EDUCATION highest grade completed) College	(1-4 or 8+)	Ille. Do NOT us	vork done during n e retired.)	ION lost of working	16b. KIND OF BUS				
12	dia Last)		Barte	nder	18 MOTHED'S NA	ME (First, Middle, Maiden)	/ern			
Alfred Jone						rie Bedford				
190. INFORMANT'S NAME (Tyr Alfred Jone						Neck, Ches		21620 wn, Maryland		
20a. METHOD OF DISPOSITION 1/© Burlal 2 Cremation 4 Donation 5 Other (3 Removal from		ACE AND DATE O	F DISPOSITION (lame of	OATE 20c. LOC	CATION — City	or Town, State Maryland		
21. SIONATURE OF FUNERAL	B +	180015		22. NAME	AND ADDRESS OF FA			and James		
23. PART I. Enter the disebook, or her immediate CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injunthat initiated events resulting in death) LAST	ns, atte	DUE TO (OR AS A CO	ONSEQUENCE OF	fi	hills ena belan	in a carrier or realist	heta	Approximata interval Between Onset and Death Dea		
PART II. Other algnifican	PART II. Other algnificant conditions contributing to death but not resulting if the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting if the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPI	TAL:	1 000	OTHER:	PLACE OF DEATH (Ch					
1 Carolai 2 L	280	DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN	Me 5 Residence JURY AT ORK? YES 2 NO	6 ☐ Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUR	ED		
	ould not be stermined	PLACE OF INJURY — building, etc. (Specify)	At home, farm, a	treet, factory, off	ce	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
						to the cause(e) end man- time, date and place, and		ruse(e) and manner as stated.		
29b. SIGNATURE AND TITLE O	essex	M	A ATEMA CT.	Delecti	29c. LICENSE NUI	D-O	Pad, DATE SI	SAED (Month, Day, Year)		
Wm A Ca	58164 1	711)efe	nse	Hur	Anna	19/15/	NIX	21401		
TEB 10	94	Aulia Davidso	n-Randel	2						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be trainined by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit as befiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGI						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEAT		YEAR	3. TIME OF DEATH			
	Samuel Warren Jo	ohnston, Jr.	Februar	3:08 a.m								
	4. BOCIAL SECURITY NUMBER		The state of the s									
	212-18-4580		72 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 10	,1921		vland			
~	Se. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	9c. CO	UNTY OF DE				
P	Union Hospital of	f Cecil Count	у	E1kt	on			Cecil				
DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CI	TY, TOWN OR LOC	ATION				10d. INSIDE CITY			
ä	Maryland Ker	nt	Gá	alena					LIMITS? 1XXYES 2 NO			
¥	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF											
FUNERAL	225 Phelps Avenue 21635 USA											
15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES				NIC ORIGIN? (Specifien, Puerto Ricen, etc.		14. RACE	- American Indian, White, stc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES		S 2 NO Speci		,	Specify	r:			
	16. DECEDENT'S ED	UCATION	16a DECEDENTS	B USUAL OCCUPA	TION	Teh VIND OF	BUSINESS/III	PUCTON	White			
	(Specify only highest grad Elementary/Secondery (0-t2)	(college (1-4 or 8+)	(Give kind of life. Do NOT of	work done during i	nost of working	100. KIND OF	BUSINESS/II	DUSTRY				
릴	11	conege (1-4 or 5 T)	Forema	an		State	Highwa	av Adn	ninistration			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		· · · · · · · · · · · · · · · · · · ·		16. MOTHER'S NA	AME (First, Middle, Ma						
BE (Samuel W. Johnsto	on, Sr.				Anna Col	gain					
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or						
-	Carmela Sachetti	Johnston	225 I	Phelps A	venue, Ga	alena, Ma	ryland	1 216	535			
	20a, METHOD OF DISPOSITION 1 Denis 2 Cremation 3 Ref	moval from State 20	b. PLACE AND DATE	OF DISPOSITION (LOCATION -					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE L		Balena Co		2/26/9		alena	, Mary	rland			
	1 1	1-10			MAND ADDRESS OF FA		РΔ		21651			
	Harry 15	Tello	265	370 W	Cypres	al Home, s St.,Mil	lingto	on, Mar	ryland			
	23. PART i. Enter the diseases, or ahock, or heart fellure.	complications that cause. List only one cause on a	d the death. Do	not enter the n	ode of dying, aud	ch as cerdiac or re	espiratory a	rrest,	Approximata Interval Between			
	IMMEDIATE CAUSE (Final								Onset and Death			
	disease or condition resulting in death)	Th All by o		Lymphor	na				15 VIS			
		DUE TO (OR AS	A CONSEQUENCE (OF):					~~			
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
AT	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	PF):								
E	resulting in deeth) LAST	d										
1 1	PART II. Other aignificant contributes to death or soft self-independent properties of the soft self-independent self-indepen											
CAL		PERFORMED?							AMILABLE PRIOR TO COMPLETION OF CAUSE			
0	occlusion '	Recodary t	o 1 vmn	homato	is invas	sion VE	S 21 NO		DF DEATH?			
2	of heart, lu	ings.liver.				- 1			1 TES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C/	neck only one)						
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputiant 2 ER/Out	patient 3 DOA	OTHER:	me 5 🗆 Residence	6 Other (Specify)						
토	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	NE OF 28c. II	JURY AT	26d. DESCRIBE HO	W INJURY O	CCURED				
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Iban)	"		YES 2 NO							
	3 Suicide 6 Could not be	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm,	street, fectory, off	ce	281. LOCATION (Str City or Town, S		or Rural Ro	ute Number,			
	4 Homicide detarmined					Ony or rown, o	telloy					
17	29a. CERTIFIER 1 CERTIFYING PHYS	BICIAN: To the best of my know	vledge, death occur	red at the time, da	e end place, and dua	to the cause(a) and	manner sa st	sted.				
COMPLETED		ER: On the basis of axamination							and manner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DA	TE SIGNED (Month, Day, Year)			
10 8	wallow C	Spershain	MD		D 071	29	19	0712	9 Feb 25 1994			
-	30. NAME AND ADDRESS OF PERSON WI							-				
	Wallace Ob	enshain,M.I). Main	Stree	t,Cecil	ton, Md.	2191	3				
1/2	MAR 2 O/A	32. REGISTRAR'S SIGN										
رکا	MAK 2 94	Allia Novidano 7	and see									
	,								DHMH-t6 Rev t/89			

STATE OF MADVIAND / DEDADTMENT OF UFALTH AND MENTAL HYDERY

	1 - STATE REGISTRAR	C			OF D		MICI	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH	YEAR	3. TIME OF DEATH			
	CHARLES	R.		JACKSON				MARCH 19, 1994			4:30 p M	
		SEX 6. AGE (In yrs. la	st birthday)	IF UNDER 1		UNDER 24 HRS	7. (MONTH, Day, Year)		8. BIRTH	PLACE (State or Foreign	
3		ØM2□F 63	YRS.	months	DAYS PRO	JUNS MIN.	A	PR. 15, 1	930	MAR	YLAND	
	9a. FACILITY NAME (If not institution, give street	and number)				OCATION OF	DEATH		9c. COU	NTY OF D	EATH	
O	Memorial Hospital			(Cumbe	rland			A1	lega.	iny	
EG.	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y TOWN OF	R LOCATION						10d. INSIDE CITY	
等	MARYLAND ALLE	GANY	1.5.5.	.,	RLAN						LIMITS?	
ال	10e. STREET AND NUMBER					P CODE			10a CIT	IZEN OF V	/HAT COUNTRY?	
2	416 GOETHE STRE	ΕT			20.0	21502				. S . I		
FUNERIAL DIRECTOR		2. WAS DECEDENT EVER IN U.S. A	RMED	13, W			PANIC O	RIGIN? (Specify Yes	— American Indian,			
	1 Never Married 2 X Merried	FORCES? 1 X YES 2 THE YES, GIVE WAR OR DATES		-11	yes, specify		ican, Pu	arto Rican, atc.)	Black, White, atc.			
В	3 Widowed 4 Divorced	Naval Reserve	es							фес	™ WHITE	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com	npleted) (0	3ive kind of	USUAL OCH	CUPATION uring most of	working		16b. KIND OF BUS		DUSTRY		
E	Elementary/Secondary (0-12)	Ollege (1-4 or 5 ±)	ESMA		CARR	ENTE	D	1) SALE		DV		
MP	17. FATHER'S NAME (First, Middle, Last)	3/12	L 3117	iii a					PENT	KI		
	HOWARD WALLACE	JACKSON			18			SALIE I	,	EM		
BE	19a. INFORMANT'S NAME (Type/Print)											
임	DOROTHY JEAN JA							Number, City or Town			21502	
	20a, METHOD OF DISPOSITION				TION (Name of				CATION —			
	1 M Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from Stata cemetery, cr	ematory or o	ther place)	TAI	_ PARK	2	22.90 CI			ND, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. N	IAME AND A	DDRESS OF	FACILIT	Y				
	De 1 6 7	1 .1		GE	ORGE	- UPC	HUR	CH FUNE	ERAL	HON	1E, P.A.	
	23. PART I. Enter the diseases, or com	church	anth Da	20) Z GR	CEENE	51	.,CUMBI	:KLA	NU,	1D 21502	
- }	enock, or neert tellure. List	t only one causa on each lin	e.	iot enter t	the mode	or dying, a	uch ss	cardisc or respi	ratory sri	rest,	Approximete Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	EM	DI	11.		17/	2				Oneat and Death	
	resulting in death) e	DUE TO (OR AS A CONSE	OUENCE O	FV	161	///	_					
z		COR	/	2/1	. /	01	4/9	45				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE O	F):	11.	1		0	1 00			
S	CAUSE (Disease or Injury	ME	01	100	4//	+-/	40	158/	HXC	MRE		
	that initieted events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE O	Direction of	A							
5	d	MYPO	NC.		/		-					
	PART II. Other significent conditione c	ontributing to death but not	reculting	In the und	derlying co	euse given	In Pert	1. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS	
2	NESPINA	Tony F	176	LUK	25	5		PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE	
AEC	MECH	vontre	97	70	1						OF DEATH?	
ž	HMASAN									\perp		
CIA	25. WAS CASE REFERRED TO MEDICAL					OF DEATH	Check o	nly one)				
YSI	1 TYES 2 THO	OSPUTAL: Impatient 2 ER/Outpatient	3 🗆 DOA	4 Nursi		Resident	ce 6 🗆	Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Matural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIN	IE OF	26c. INJURY WORK?	AT	28d	. DESCRIBE HOW II	NJURY OC	CURED		
BY	1 Matural 5 Pending 2 Accident Investigation			М		2 NO						
	3 Suicida 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — At h- building, etc. (Specify)	ome, farm,	street, facto	ery, office		261.	LOCATION (Street a City or Town, State)	and Number	or Rural P	loute Number,	
E												
AP.		N: To the best of my knowledge, d									1	
COMPLETE	2 MEDICAL EXAMINER: C	On the basis of examination and/or	Investigation	on, In my op	olnion, death	occured at	the time,	data and place, an	d due to th	ne cause(s) and manner as stated.	
BE (SIGNATURE AND LITLE OF CERTIFIER	m	/_		26	c. LICENSE I			-	. / 3	(Moren, Day Year)	
10	1	1110				D 18	769		> 3	1	174	
-	30. NAME AND ADDRESS OF PERSON WHO C				1. 1	0. 1	1	3 1/3	0	1500	(
	Dr. James Raver, 4 31. DATE FILED (Month, Day, Year)		rial	Hosp	ital,	Cumb	erl	and, Md.	2.	1502		
	MAR 21 1994	32 REGISTRAR'S SIGNATURE	444									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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DHMH-18 Rev 1/89

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ALCOHOLD SERVICE AND A SERVICE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE O	F DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME										
	WILLIAM LINDSAY	JONES	5		03 2	94	7:25	Рм			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yr.										
	238-34-4365 1 ∯ M 2 □ F 6	7 YRS.	MONTHS DAY	HOURS MIN.	(Month, Day, Year) 03 30	26	Count	CNERTH	TNA		
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOW	N OR LOCATION OF DI	00 00		UNTY OF D		111/21		
E C	SACRED HEART HOSPITAL		CU	MBERLAND		AI	LEGA	NY	a.		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					-					
<u>E</u>			Y, TOWN OR LO					10d, INSIDE CITY			
	MARYLAND ALLEGANY 10e. STREET AND NUMBER	F.	ROSTBUR		-	_		1 YES 24	NO		
FUNERAL				101. ZIP CODE				IZEN OF WHAT COUNTRY?			
N N	18201 CRAIG LANE, NW			21532			U.S.				
	1 Never Married 2 W Married FORCES? 1 X YES 2	NO	If yes,	specify Cuben, Mexica		s or No-		E — Americen Ind k, White, etc.	len,		
ВҰ	3 ☐ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES	3	1 🗆 Y	ES 2 X NO Specif	y:		Spec	"Y" WHITE			
CI	15. DECEDENT'S EDUCATION 186	e. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/IN	OUSTRY				
H.	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of a	work done during se retired.)	most of working							
COMPLETED		ANITAR	Y ENGIN	EER	EXXON	CORP					
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Meiden	Sumeme)					
BE (DANIEL R. JONES			ETHE	L DORA LIN	IDSAY	7				
10	19e. INFORMANT'S NAME (Type/Print)	196. MAILING	ADDRESS (Street	at and Number or Rural	Route Number, City or Tow	rn, State, Z	(ip Code)				
-	MRS. WILLIAM L. JONES	18201	CRAIG	LANE, NW,	FROSTBURG	, MD	21	532			
	1 by Buriel 2 Cremetion 3 Removal from State cemeter	v. cremetory or o	OF DISPOSITION		DATE 20c. LO						
	4 Donation 5 Other (Specify) FRO	STBURG	MEMOR I	AL PARK		TBUR	RG, M	D 2153	2		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			AND ADDRESS OF FA	L HOME, PA	1					
	11 Various & 1 XDews	2			., FROSTBU		MD 2	1532			
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each	e deeth. Do i	not enter the	node of dying, suc	h as cerdisc or resp	iratory a	rreat,	Approxim			
	IMMEDIATE CAUCE (FIG.)		1	7				Onset an			
	disease pr condition a. Due to (or as a co	Lubus	1/2	luc							
İ											
Z	Sequentially list conditione, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEASE (DISE										
AT	Sequentially list conditione, If any, leading to Immediate cause, Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Constant C										
5	CAUSE (Disease or Injury that initiated events	NSEQUENCE O	P. Vne	26 11 5000	me un s	2 10	× 4-	15			
CERTIFICATION	resulting in death) LAST		,					j			
CE											
DICAL	PART II. Other aignificent conditions contributing to death but r	not resulting	in the underly	ing cause given In	Part i. 24s. WAS AN PERFOI		7 24b	. WERE AUTOPSY F			
8					1 _ YES 2	2 DAO		COMPLETION OF OF DEATH?	CAUSE		
LIM III								1 YES 2	NO		
ÿ											
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OTHER:	PLACE OF DEATH (Ch	eck only one)	-					
YS	1 YES 2 NO 1 Impetient 2 ER/Outpetler		4 - Nursing H	ome 5 - Residence	8 Other (Specify)						
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	IURY	NJURY AT WORK?	28d. DEŞCRIBE HOW I	INJURY O	CCURED				
B	2 Accident investigation	At home teem		YES 2 NQ	201 1 2 2 2 7 2 1 1 2 1		- 0				
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — building, etc. (Specify)	At nome, term,	street, ractory, o	TICE	28f. LOCATION (Street City or Town, State)	end Numbe	er or Hural I	Houte Number,			
COMPLETED	29a. CERTIFIER					115-147-17					
MP	(Check only Check on Che							L-004-17 1-1601	200		
8	2 MEDICAL EXAMINER: On the beele of axamination en	KI/OF INVESTIGATIO	n, in my opinior	, death occured at the	time, date and place, ar	nd dua to t	the cause(e) and manner ee	etated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DA	TE SIGNED	(Month, Day, Year)			
6	20 NAME AND ADDRESS OF PERSON			1301			3/26	lsy			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(FEM 27) (Type	OI -	I	burg, H.	7	7/4	20			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU	Dung	11020	L rros	purg, M.	V O	(15)	W.			
1	Ja. neuis inan s Siunal U	1.16			-						

Julia Davidson-Randall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainst permite filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

3-28-94

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest) KYU	BONG	KWAK				2. M	ARCH 16), 1	9.24 A	
	4. SOCIAL SECURITY NUMBER 215-37-4089	1 🔀 M 2 🗆 F	GE (In yrs. lest	YRS.		AYS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year) SEPT. 17,		SEOUL, KOREA	
TOR	HOME-3 POOKS RESIDENCE OF DECEDENT		# 71 2			THESD.		'		Y OF DEATH NTGOMERY	
DIRECTOR	10a. STATE 10b. COUNT	Y TGOMERY	10c. CITY,	BETH				-	10d. INSIDE CITY LIMITS? 1 MYES 2 NO		
FUNERAL	10a. STREET AND NUMBER 3 POOKS HILL					101. ZIP COD	0814		10g. CITIZE	N OF WHAT COUNTRY? KOREA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X N	MED O	II ye	S DECENDENT Cos, specify Cube	n, Mexican, Pu	ORIGIN? (Specify Yearto Rican, etc.)	or No- 14	4. RACE — American Indian, Black, White, etc. Specify: KOREAN	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(Gh	Do NOT use i	rk done duri	ng most of working	ng	16b. KIND OF BU	N. I.			
CON	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NAME (First, Middle, Malden			
BE	TTM KAP 19a, INFORMANT'S NAME (Type/Print)	KWAK	104	MAHINGA	DDBEee (C				EE		
P 199. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip of DONGEUN PARK 12022 ASHLEY DR., ROCKVILLE, MD. 20											
	20a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE A cemetery, crem CHAN		DISPOSITIO	N (Name of	3/	DATE 20c. LO	CATION — CIT	ty or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LE	amberdes	2 MOC	091		W. CHAN		TY		20910 ER SPRING,MD.	
	23. PART i. Enter the diseases, or ahock, pr heart fellure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	a. NO ANATOMIC DUE TO (OR A	CAUSE	OF DEA	t enter the	e mode of dy	ing, such as	cardiac or reap	ratory arres	t, Approximate Interval Between Onset and Daath	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR A	S A CONSEO	UENCE OF):							
CERTIFICATION	CAUSE (Disease Dr Injury thet Initieted events resulting in death) LAST	c. DUE TO (OR A	S A CONSEO	UENCE OF):		_ _	-				
MEDICAL	PART II. Other <u>algnificent</u> condition	ns contributing to deet	h but not re	eulting in	the unde	lying cause (given in Peri	24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 XYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	6. PLACE OF D	EATH (Check o	only one)			
HYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Dipetient 2 ER/C			☐ Nursing	Home 5X Re		Other (Specify)	N IIIBY OCCU	BEO.	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yee		INJUR	TY	WORK?		. begoinge now i	NOON! OCCO!	TED .	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU- building, etc. (S	JRY — At hor Specify)	ne, Jarm, etre	et, lactory,	office	281	. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,	
COMPLET		ICIAN: To the best of my kr								cause(s) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	"All	AN	X			OCME		29d. DATE S ► MAR	RCH 17, 1994	
F 0	30, NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF	DEATH OTEN	27) / Time D	nime)						

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111

PENN

ST., BALTIMORE, MD. 21210

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flowers after death. Page 6 may be retained by the lower requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MARYLAND 21215-0020

MARIO

MAR

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO),		
1. DECEDENT'S NAME (First, Middle, Last)			77		2. DATE OF	DEATH	AY	YEAR	3. TIME OF DEATH
James NMI		koris			March		1994		11:35 P M
The second of th		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH lay, Ybar)		8. BIRTH Count	IPLACE (State or Foreign
110-32-3749	1XXM 2 🗆 F	63 YRS.			Oct 2	4, 1	930		as, Greece
Se. FACILITY NAME (If not institution, give stre	et end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF D	EATH
23500 Ridge Road			German	town			Mont	gome	ery
10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCA	ATION					10d. INSIDE CITY
Maryland Monts	gomery		mantown						LIMITS?
10e. STREET AND NUMBER	50			DI. ZIP CODE			10g, CIT	IZEN OF V	VHAT COUNTRY?
23500 Ridge Road				20876			USA		
	12. WAS DECEDENT EVER I	N U.S. ARMED		CENDENT OF HISPA				14. RACE	- American Indien,
1 Never Merried 2 Merried	FORCES? 1 TYES			pecify Cuban, Mexica S 2 XNO Specif		an, atc.)		Speci	k, White, elc.
3 Widowed 4 Divorced								whi	•
15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	18a. DECEDENT'S L	ork done during m	ION lost of working	16b. KI	ND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use	0.00	,	1,, 0				5 0
12 17. FATHER'S NAME (First, Middle, Last)	5+	Enginee	r (Aero					Jept.	of Commerc
Anthony Koskoris				Sophia					
19s. INFORMANT'S NAME (Type/Print)		10h MAILING	DDDESC /Street	end Number or Rural			1		-
Mary Koskoris				load G		-			20876
20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Remov	201	PLACEANDDATEO			DATE	7	CATION -		
1 Donation 5 Other (Specify)	al Tom State cer	etery, crematory or other ate of H			3/22			•	ng, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE		sace or ii	22. NAME /	AND ADDRESS OF FA	CILITY			JPI II	ig, naryrand
> X /11/2. A/ L				-Rinaldi					
/ July N M	main		11800	New Ham	pshire	Ave	Si	Lver	Spring, MD
23. PART L Enter the disesses, or co about, prineart failure. Li	mplicatione that cause st only one cause on e	of the deeth. Do no ach line.	of enter the m	ode of dying, suc	ch as cardia	c or resp	iratory sr	rest,	Approximats Interval Between
IMMEDIATE CAUSE (Final disease or condition	Material	- Ci	t.	Cance)				Onset and Death
resulting in death) e.	PUE TO IOD IS	CONSEQUENCE OF	Alric	Lauce	V				months
_	DOE TO (OH AS A	CONSEQUENCE OF	•						
Sequentially list conditions, b.	DUE TO (OR AS	CONSEQUENCE OF	*						
if any, leading to immediate cause. Enter UNDERLYING									
CAUSE (Disease or Injury that Initieted evente	DUE TO (OR AS	CONSEQUENCE OF	:						
resulting in death) LAST d.									
PART II. Other algnificant conditions	contribution to death i	ust and socialism in	the restant d		Post In	uu ž		1	
Anti II. Other agrinount conditions	continuating to death t	or not reauting in	the underlying	ng ceuse given in	Part I. 24	PERFOR		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	<u> </u>				1	YES 2	NO 🗌		OF DEATH?
									1 YES 2 NO
25 MMP CASE DEFENDED TO MEDICAL									
	HOSPITAL:	: 25 . p T		LACE OF DEATH (Ch					
27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME		me 5 Hesidence	a Other (S		N HIEW OO	OUDED	
1 XNatural 5 Pending	(Month, Day, Year)	INJU	RY W	YES 2 NO	200. DESCH	IBE NOW I	MJUHY OC	COMED	
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home, farm, st			281. LOCATI	ON (Street)	and Numba	r or Rumi I	Route Number,
4 Homicide 6 Could not be	building, etc. (Spe	cify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or	Town, Stele))	or maren	water Percent,
29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the heat of our trans	ladge death acco	and the state of the				755 CA	55	
(Check only one) 2 MEDICAL EXAMINER:									and manner se stated
29th SIGN RURE AND TITLE OF CERTIFIER	2		,, ориноп,	·		o praca, er			
THE OF CERTIFIER	715	a.n.c		29c. LICENSE NUI			29d. DAT	E SIGNED	(Month, Day, Your)
30. WAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH 4490 277 /5-11-	Print)	140 2	1612			1/8	174
3				ing Dood	0	1 2 2 2 2	Max	01110	4 20922
JNLES R. LODISH, N 31. DATE FILED (Month, Day, Year) MAR 2 2 1994	32 REGISTRAN'S SICH	Olney-Sa	nuy Spr	Tug Koad	0	They	, mai	утаг	nd 20832
	// / / / / / / / / / / / / / / / / / /	A Throndaya.							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH			3. TIME OF DEATH	
	Robert	Kreisi	nger				Marc	h 20), 19	94	7:30 P. M	
	4. SOCIAL SECURITY NUMBER 082-16-0105	5. SEX 6.	AGE (in yrs. last	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	HOTH		8. BIRTH Country	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN	OR LOCATION OF DE				NTY OF D		
TOR	Potomac Valley Nu	rsing Wellı	ness Ce	enter						ntgon		
FUNERAL DIRECTOR	Maryland Monte	gomery		10c. CITY, TOWN OR LOCATION Bethesda							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
ERAL	4712 South Chelse	ea Lane				7. ZIP CODE 20814			_	S.A.	HAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No 14. If yes, specify Cuban, Maxican, Puerto Rican, etc.)					Black	- American Indian, , whita, atc. 'y' White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				usual occupations done during more retired.)	ON ost of working	5-19110		Emba			
N N	12	0	1100		Peracer							
BE CO	17. FATHER'S NAME (First, Middle, Last) Emanuel Kreisine	ger				Maria '				ка		
70	19a. INFORMANT'S NAME (Type/Print) Lynda Johnson					Avenue						
	20a. METHOD OF OISPOSITION 1 Burlal 2 Cremation 3 Ram 4 M Donation 5 Other (Specify)	eoval from Stata	20b. PLACE A cemetery, crei	ND DATE O	F DISPOSITION (N	wash 1 Center	3620	Wasl		City or To		
j	21. SIGNATURE OF PUNERAL SENVICE LIN	CENSEE	acle	Vacan							ry Services	
	23. PART-1. Enter the diseases, or	complications that co	used the de-	ath Do o	ot enter the me	de of dulan aus	h as samilas				Total Section 1	
	IMMEDIATE CAUSE (Final disease or condition	List only ona cause	on aach iina.				ir aa carorac	or reapr	ratory em		Approximate Interval Between Onset and Death Months	
_	e. Metastatic Carcinoma OUE TO (OR AS A CONSEQUENCE OF):											
SATIO	Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST											
	PART II. Other eignificant condition	an contributing to do	ath hut and a									
MEDICAL		in contributing to da	atii but not n	raditing is		g causa givan in		PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
5							_					
Ž I	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DEATH (Ch	eck only one)		-			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 EF	V/Outpatient 3		OTHER:	ne 5 🗆 Rasidence	8 Other (So	ecify)				
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE OF INJ	URY	28b. TIME	OF 28c, IN.	URY AT	28d. OESCRIE		JURY OC	CURED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	ear)	INJL		YES 2 NO						
- 10	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, atc.	IJURY — At hor (Specify)	me, farm, st	ireet, factory, offic	•	281. LOCATION	N (Street a wn, State)	nd Number	or Rural R	oute Number,	
COMPLETED	29a. CERTIFIER t Check only one) t CERTIFYING PHYSI MEDICAL EXAMINE	ICIAN: To the best of my										
	29b. SIGNATURE AND HITCE OF CERTIFIE	-//	377		, in my opinion, i			praca, an				
TO BE	Albert 1	100	llow	1. Pl	1/	80 LICENSE NUN	46 Y				(Month, Day, Year) 21 , 1994	
	30. AAME AND ACCRESS OF PERSON WH Albert Grollman		OF DEATH (ITEM	1 27) (Type,	Print) 11(S1.)6 Sprinc Lver Spri	Stree	t 20	910			
	MAR 2 2 1994	38. REGISTRAR'S	SIGNATURE	tere.								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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Anna Andrews

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	1. DECEDENT'S NAME (First, Middle, Last)								MONTH	OF DEATH	Y	YEAR	3. TIME OF DEATH
		ie L. Ker							Marc	h 19,	1994	:	4:15 A.M.m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	HOURS	24 HRS.		OF BIRTH , Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
	578-44-3421	1 M 2 K F	93	YAS.		- DATE	noons		Augu:	st 6,1	900	0	hio
_	Se. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF OR	EATH		9c. COU	NTY OF D	EATH
10 B	Rockville Nurs	ing Home			R	ock:	ville)			Mon	tgom	nery
គ្គ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10- CIT	c. CITY, TOWN OR LOCATION								
DIRECTOR	100 100			100.011									10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Montgome	ery	<u> </u>	Ca		Joh				40 000		1 TYES 2 X XNO
FUNERAL	Contract No. 1992					10							WHAT COUNTRY?
빌	6508 75th Street	12. WAS DECEDENT	T EVED IN U.C. AS	*****	Lan			2081		? (Specify Yea			States
	1 Never Married 2 Married	FORCES? 1	YES 2-2	NO	1 0	If yes, sp	ecify Cubi	in, Mexica	n, Puerto F	? (Specify Yea lican, atc.)	or No —	Black	E — American Indian, k, White, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE W	MH OH DATES		1	1 YES	2 X NO	Specify	У			Spec	hite
입	15. DECEOENT'S EDUC		18e. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b.	KIND OF BUS	INESS/IN		
ᆸ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	lite	ive kind of a Do NOT us	work done (se retired.)	during mo	ost of worki	ng					
릴	_	2		Hom	emake	er				Ow	n Ho	me	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, N	fiddle, Melden			
BE	George	Sylvester	Lewis				1		Hanna	ah Tho	rnto	n	
	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	AOORESS	S (Street a	and Numbe			er, City or Town			
임	Frances E. Kohlha	afer	6	508	75th	Str	eet,	Cab	in J	ohn. M	arvl	and	20818-1410
	20a. METHOD OF DISPOSITION 1 N Buriel 2 □ Cremation 3 □ Remo		20b. PLACE	AND DATE	OF DISPOS	SITION /No							
	4 Donation 5 Other (Specify)	over from State	cemetery, cre						712		ckvi	lle.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE							CILITY]				hrey Funeral
	Home/Rockville, Inc., 300 W. Monte												
-	23. PART I. Enter the diseesea, or o	complications that	50		Ro	ockv	rille	Ma	ryla	nd 20	850-	2805	1 Annualmet
	ahock, or heert feliure.	List only one ceu	se on each ilne	D.	iot oillor	tile ille	ac or ay	my, suc	ii oa cord	rac or reap	atory ar	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	••											Onset and Death
	disease or condition e. Hypotension										!		
	DUE TO (OR AS A CONSEQUENCE OF):												
_													
NO.	Sequentially list conditions,	. Co	OR AS A CONSE	Arte	ry D:	isea	se						
CATION	if any, leading to immediate cause. Enter UNDERLYING	oue to	oronary (OR AS A CONSE	Arte	ry D:	isea	ıse						
FICATION	if any, leading to immediate	oue to	ronary	Arte	ry D: n: itus	isea	ıse						
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	oue to	oronary (OR AS A CONSE	Arte	ry D: n: itus	isea	ise						
- 1	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Di DUE TO	oronary (OR AS A CONSE abetes (OR AS A CONSE	Arte	ry D: n: itus								
CAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Di DUE TO	oronary (OR AS A CONSE abetes (OR AS A CONSE	Arte	ry D: n: itus			given In	Part I.	24a, WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS
- 1	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Di DUE TO	oronary (OR AS A CONSE abetes (OR AS A CONSE	Arte	ry D: n: itus			given in	Part I.		MED?	24b	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Di DUE TO	oronary (OR AS A CONSE abetes (OR AS A CONSE	Arte	ry D: n: itus			given in	Part i.	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition Depression	Di DUE TO	oronary (OR AS A CONSE abetes (OR AS A CONSE	Arte	ry D: n: itus			given in	Part i.	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition Depression 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO OU	Oronary (OR AS A CONSE	Arte	ry D: itus itus F):	nderlyin 28. PI	g ceuse	NEATH (Ch	eck only on	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition Depression 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OUE TO OU	Oronary (OR AS A CONSE	Arte	ry D: itus itus in the un	28. PIR: Sing Hom	g ceuse	NEATH (Ch	eck only one	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition Depression 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	OUE TO OU	Oronary (OR AS A CONSE	Arte OUENCE OF	ry D: itus itus in the un	28. Pi R: sing Hom 28c. IN.	g couse	DEATH (Chi	eck only one	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition Depression 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DIE TO (DUE TO	Oronary (OR AS A CONSE	Arte OUENCE OF	itus itus Fi: In the un OTHER ATNum E OF	28. PIR: sing Home 28c. IN. WC	g couse LACE OF C 10 5 R JURY AT JURY AT JURY 2 2	DEATH (Chi	eck only on 6 Other 28d. OE\$	PERFOR 1 YES 2 P) (Specify) CRIBE HOW IP	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☑ NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition Depression 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DI TO (DI TO (DI TO (DUE TO (D	Oronary (OR AS A CONSE	Arte OUENCE OF	itus itus Fi: In the un OTHER ATNum E OF	28. PIR: sing Home 28c. IN. WC	g couse LACE OF C 10 5 R JURY AT JURY AT JURY 2 2	DEATH (Chi	eck only one 6 Other 28d. OES	PERFOR 1 YES 2	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☑ NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition Depression 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	DI TO (DI TO (DI TO (DUE TO (D	OPONARY (OR AS A CONSEI Abetes (OR AS A CONSEI death but not if ER/Outpetlent 3 INJURY (by, Year)	Arte OUENCE OF	itus itus Fi: In the un OTHER ATNum E OF	28. PIR: sing Home 28c. IN. WC	g couse LACE OF C 10 5 R JURY AT JURY AT JURY 2 2	DEATH (Chi	eck only one 6 Other 28d. OES	PERFOR 1 YES 2 9) (Specify) CRIBE HOW IP	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☑ NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition Depression 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 Natural Physic Centry Physic Centry Physic Centry Physic Cartified Natural Physic Centry Physic Centry Physic Cartified Natural Physic Centry Physic Cartified Natural Physic Centry Physic Cartified Natural Physic Centry Physic Centry Physic Cartified Natural Physic Centry Physi	DI DUE TO (DI DUE TO (d	OPONARY (OR AS A CONSEI Abetes (OR AS A CONSEI death but not if ER/Outpatient 3 INJURY ay, Year) FINJURY — At he atc. (Specify)	Arte OUENCE OF Mell OUENCE OF resulting B DOA 28b. TIM INJ Dome, farm, 1	itus itus itus in the un Office 420 Nun E OF BURY M	28. Pi R: Sing Hom 28c. IN. VC 1 —	g ceuse	DEATH (Chicago and Chicago	6 Other 28d. 0E\$	PERFOR 1 YES 2 9) (Specify) CRIBE HOW IP ATION (Street a pr Town, State)	MED? [X] NO NJURY OC	CURED r or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☑ NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition Depression 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 29 Accident Could not be detarmined	DI TO (DI TO (DUE T	OPONARY (OR AS A CONSEI Abetes (OR AS A CONSEI death but not in ER/Outpetlent 3 INJURY (or, Year) Tring Year) Tring Year	Arte OUENCE OF	itus itus in the un OFHEF 4X Nun EOF BURY M street, fact	28. Pi R: Sing Hom 28c. INC 1 tory, office	g ceuse	DEATH (Chi	6 Other 28d. OES 261. LOCA	PERFOR 1 YES 2 9) (Specify) CRIBE HOW IP ATION (Street a sy Town, State)	MED? [X] NO NJURY OC Ind Number	CURED or Rural f	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☑ NO
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition Depression 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 29 Accident Could not be detarmined	DI DUE TO (DI DUE TO (DUE TO	OPONARY (OR AS A CONSEI Abetes (OR AS A CONSEI death but not in ER/Outpetlent 3 INJURY (or, Year) Tring Year) Tring Year	Arte OUENCE OF	itus itus in the un OFHEF 4X Nun EOF BURY M street, fact	28. Pi R: Sing Hom 28c. INC 1 tory, office	g couse LACE OF C no 5 Ri JURY AT DRK? YES 2 [a and place death occu	DEATH (Chi	eck only one 8 Other 28d. OES 26f. LOCI City of	PERFOR 1 YES 2 9) (Specify) CRIBE HOW IP ATION (Street a sy Town, State)	MED? [M. NO NJURY OC and Number ner as ata d due to th	CURED r or Rural II ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	eath. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	uneral director, page 5 should be detached for use as the burial-transit pe
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	caminer must be notified at once.

KEHILLING ..

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	BEG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTA CERTIFIC	MENT OF H	EALTH AND N	MENTAL HYGIE			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATN			. TIME OF OEATH
1	305	FPH JOHN	f	Kuhal	IA I	March	18 1	YEAR 994	1815 M
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)			LACE (State or Foreign
	173-18-6271 Sa. FACILITY NAME (If not institution, give stree		/6 YRS.	ONTHS DAYS	R LOCATION OF DE	1/21/1			Pennsylvani
Œ	PENINSULA REGIONAL		CER	SA	LISBURY	AIN.	SC. COUN		OMICO
5	RESIDENCE OF DECEDENT								
DIRECTOR	10e. STATE 10b. COUNTY	.1.		OWN OR LOCAT	ION			1	Od. INSIDE CITY LIMITS?
	Virginia Accomac	K	Net	sonia					YES 2 NO
RA	Car Stages (In the Section	Dand		1	ZIP CODE				AT COUNTRY?
FUNERAL	28171 Nelsonia	KUdu 2. Was decedent ever in U.S.	ADMED		23414	IC ORIGIN? (Specify Y	US		- American Indian.
	1 Never Married 2 Merried	FORCES? 1 YES 2	NO	If yes, spe		, Puerto Rican, etc.)	De or NO	Black, 1	White, etc.
ВУ	3 Widowed 4 Divorced	W. W. II		I TES	2 (Д но зреслу			Specify:	White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TON 16a. mpleted)	DECEDENT'S US	UAL OCCUPATIO	N It of working	16b. KINO OF B	USINESS/IND	JSTRY	
	_	College (1-4 or 5 +)	iffe. Do NOT use re	etired.)		C+ 1			
MP	8 17. FATHER'S NAME (First, Middle, Lest)		Furnace	render		Steel			
8	Stanley F. Kubala				Mary H	ME (First, Middle, Meide	n Sumame)		
H	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street a		loute Number, City or To	we State Zin	Corlei	
2	Valencia Tobar Ku	bala				Nelsonia			4
	20a. METHOD OF DISPOSITION	20b. PLA	CEAND DATE OF	DISPOSITION (Na			OCATION —		
	t Donetion 6 Other (Specify)		. cremetory or other lisbury	Cremat	orv	Sa	lisbu	cv. M	laryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /)	22. NAME AN	D ADDRESS OF FAC	HLITY			
	* 40hn 1 11	110/1 Ames		25046	Parksley	Rd., Par	ksley	, VA.	23421
	23. PAST I. Enter the disease, or cor	nplicatione that caused the	deeth. Do not	enter the mod	de of dying, such	ss cardisc or res	piratory srm	est,	Approximats
	iMMEDIATE CAUSE (Final	st only one cause on each I	line.	,					Intarval Between Onset and Daath
	disease or condition resulting in death) a.	Metastatic	Cole	n	Conce	~			lyr
		DUE TO (OR AS A CON	ISEOUENCE OF):						
NO	Sequentielly list conditions,	DUE TO (OR AS A CON	ISEQUENCE OF						
AT	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COR	SEGUENCE OF):						
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CERTIFICATION	resulting in death) LAST	THE TO TOUR NO WOOM							
	d.								
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AL	PART II. Other eignificant conditions		ot reaulting in t	the underlying	ceuse given in	PERF	N AUTOPSY ORMED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
AL	d.		ot resulting in t	the underlying	ceuse given in		PRMED?	a c	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
AL	d.		ot resulting in (the underlying	ceuee given in l	PERF	PRMED?	a c	MAILABLE PRIOR TO COMPLETION OF CAUSE
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BALTIMORE, MARYLAND 21215-	24 nours after death. Page 6 may be retained by the hospital or at	filled in by the funeral director, page 5 should be detached for use	on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attend	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

31. DATE FILED (Month, Day, Year)

MAR 1 1 '94

		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICATI	ÖF	DEATH	2. D/	REG. NO		YEAR :	. TIME OF DEATH	н
			WARD KO	(MAr	ch 9,	1994	YEAH	2250	Рм
		4. SOCIAL SECURITY NUMBER 164-01-6388	5. SEX	6. AGE (In yrs. In:	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HR	(M	TE OF BIRTH onth, Day, Year)		Country)		
3 should		9a. FACILITY NAME (If not institution, give a			Tha.	9h CITO	TOWALO	R LOCATION O		v. 26,	sylvania	3		
18 17	OR	Heron Point			96. CITY, TOWN OR LOCATION OF DE Chestertown						9c. COUNT		NIH.	
	ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		THE CITY TOWN OR LOCATION						110.		STATE OF THE	
LE S	DIRECTOR		Cent		100.01	Chestertown							Od. INSIDE CITY LIMITS? YES 2 N	40
	IAL	10- STREET AND MUMBER	Campus Av	reniie			101.	ZIP CODE				EN OF WH	AT COUNTRY?	
an	FUNERAL	228 Heron Point			21620					U.S.A.				
attending physician ise as the burlal-trans	B	11. MARITAL STATUS 1 Never Married 2XXMarried 3 Divorced	12, WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxican 1 YES 2 X NO Specify					GIN? (Specify Yes to Rican, atc.)	or No-	4. RACE - Black, Specify: Whi	- American Indian White, etc.	١,
use as	ETED	15. DECEDENT'S EDUC (Specify only highest grade	16a. DE	CEDENT'S	USUAL O	CUPATIO	N It of working		16b. KIND OF BU	SINESS/INDU				
0 -	, E	Elementary/Secondary (0-12)	·) He	Do NOT u	se retired.)	July 1100	a or working	- 1.	Chamiaa	1 ~ C 1	Data -			
by the hospital be detached fo at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	3	Sa	lesm	an		18 MOTHER'S		Chemica		Detei	gents	
De d	BE C	Albert Koch							,	llmeth	Surramej			
5 should notified	0 8	19a. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	ADDRES	(Street ar	nd Number or Ru	ral Route N	umber, City or Tow	n, State, Zip C	ode)	2162	20
may be re or, page 5		Marjorie Koch 501 Campus Ave. 228 Heron Point, Chestertown, Md.												
leath, Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1 Burlai 2\infty\text{Cremetion 3 Removal from State} 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory of other piece) Date 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Dover, Delaware												
death, Page tuneral din I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY English of the control of the cont												
0 = 0		William L. King 413 W. High St., Chestertown, Maryland 21620												1620
ours after d id in by the or removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate												
DO E		IMMEDIATE CAUSE (Final Onset and Dant												
completely fills rial, cremation,		disease or condition resulting in death) o. CMC CMCMM OF LUNG DUE TO (OR AS A CONSEQUENCE OF):												
B 2 - 9	z													
	RTIFICATION	Sequentielly list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):												
	FICA	CAUSE (Disease or Injury												
h certifica anding phy Hygiene or other	BTI	that inhibited events resulting in death) LAST												
	CE	PART II. Other eignificent conditions	contributing to	death but not -	a a ultima	In the se	el a el sel ese		In Board			T .		
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ate ha	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTHE		ACE OF DEATH	(Check only	one)				
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PHY r this th with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De			URY M	WOR		200. 0	ESCHIBE HOW I	NJOHT OCCU	HED		
TTENDING CTOR: After after dea	TEO	3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY — At ho atc. (Specify)	me, ferm, :	street, lact	ory, offica		261. Li	OCATION (Street a lty or Town, State)	and Number of	Rural Rou	te Number,	
PITAL DR. ERAL DIRE n 72 hours T: If Item	OMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER											nd manner as ate	rted.
	ö													
HE HOS HE FUN NA WITH	w II	MATURE AND TITLE OF CERTIFIER						29c. LICENSE I	TOMBER		29d. DATE :	SIGNED (M	onth, Day, Year)	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept, of Health and MINIMPORTANT: If Item 28 is marked, or Item 23 shows any inju		30. AMME AND ACCRESS OF PERSON WHO						D-138				- 10		

32. REGISTRAR'S SIGNATURE
Saydoon-Randall

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_	FOR STATE REGISTRAR			NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)	A THOMAS	1.2		2. DATE OF DEATH	AY C YE	3. TIME OF DEATH
-	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	1	32	4 99	1 313 PM
	186-32-0275	1 M 2 🗆 F	53 YRS. MONTH		7. DATE OF BIRTH	0 9	BUETHPLACE (State or Foreign
2/	Pikesville Nursi			TY, TOWN OR LOCATION OF I		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT			Pikesville		Balti	more
7 🖁	10e. STATE 10b. COUNT		10c. CITY, TOWN				10d. INSIDE CITY LIMITS?
	Maryland C	arroll	New	Windsor 101, ZIP CODE			1 TYES 2 NO
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S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED 1	3. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Ye		d States RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 X YES	2NO	Il yes, specify Cuban, Mexic 1 YES 2 NO Spec	en, Puerto Rican, etc.)		Black, White, atc. Specify:
ED B	15. DECEDENT'S ED		Reserves				White
ETE	(Specify only highest grad	College (1-4 or 5 +)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BU	SINESS/INOUST	RY
1	Contental y/Secondary (0-12)	4	Vice Pre	sidentSa	les Ca	ndv M	anufacturinc
COMPLET	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden		anarac car inc
BE	Gerald Patric	k_Kennedy			Bresnan		
2	19e. INFORMANT'S NAME (Type/Print)			SS (Street end Number or Rura			
	Gerald P. Ken:			ffalo Road			
	1 St Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	moval from State cem	PLACE AND DATE OF DISPO	e)		CATION — City	
	21. SIGNATURE OF JUNERAL SERVICE L	ICENSEE	ipe Creek C	NAME AND ADDRESS OF E	3/28 Li		Maryland
	Robert A	Myer		GIWILLS	CT 1157	MINS	2157 ER, MD
	23. PART I. Enter the diseases, or shock, or heart feilure.	complications that coused List only one couse on ed	the deeth. Do not ente	er the mode of dying, su	ch sa cardlec or resp	Iratory arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Lunge	CONSEQUENCE OF):	I'm br	air		Onset and Dasth
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NO N	Sequentially list conditions,	b DUE TO (OR AS A		ralie le	elap		
18	If any, leading to immediate cause. Enter UNDERLYING	G.	,				į į
Ē	CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):				
CERTIFICATION	resulting in deeth) LAST	d					
AL O	PART II. Other aignificant condition	ne contributing to death b	ut not resulting in the	underlying cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
일					PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	28. PLACE OF OEATH (C	heck only one)		
HYS	1 YES 2 DANO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outp		ursing Home 5 Residence			
1	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	28d. OEŞCRIBE HOW I	NJURY OCCURE	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— At home, lerm, streel, fa		281. LOCATION (Street	and Number or R	ural Route Number,
TED	4 Homicide determined	bullarily, att. (Speci	,,,,		City or Town, State)		
COMPLET	290. CERTIFIER (Check only	SICIAN: To the best of my knowle	edge, death occurred at the	time, date end place, end du	e to the cause(s) end ma	nner ee stated.	
Š	one) 2 MEDICAL EXAMIN	ER: On the beele of examination	end/or investigation, in my	opinion, death occured at the	e time, date end place, er	id due to the ceu	use(s) end menner ee stated.
BE	290. SIGNATURE AND TITLE OF CENTIFIE	13/11	1.0	29c, LICENSE NU	MBER ~	29d. DATE STO	INEO (Month Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	TH (TEM 27) (X-1)	UN	8 12	13/5	4/94
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30. HAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)
MAR 2 3 1994

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1032, REGISTRAR'S SIGNATURE
JUNE DAVIDSON-MONDELLE
JUNE DAVIDSON-MONDELLE

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		FOR	STATE OF MARYL	AND A	/ DEPAR	RTMEN	IT OF I	IEALTH	AND I	MENTAI	L HYGIEN	E	94	10132	-
		REGISTRAR		C	ERTIF	ICAT	E OF	DEA	TH		REG. NO.				
	1	1. DECEDENT'S NAME (First, Middle, Last)	Horace P.	Luck	ett					2, DATE MONTI	OF DEATH		YEAR	3. TIME OF DEATN	
	ı	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	LU	st birthday)	57				8	20	(94	9 au P	M
,	-		1 M 2 □ F 7		YRS.	MONTHS	DAYS	HOURS	R 24 HRS.	7. DATE (Month	of Birth Day, Year) y 10,1	01/	6. BIRTHP	ington D.	_
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1, 8		Suburban Hospita													_
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× ×		1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	2 T	NO		If yes, sp	ecify Cubi	n, Mexicar Specify	n, Puarto I	tican, etc.)		Black.	White	
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COMPI ET		17. FATNER'S NAME (First, Middle, Last)	31		1001	пеу		18. MOT	NER'S NAI	ME (First, A	fiddle, Maiden		_		_
BE C		Llewllyn Fleet I	Luckett						Anna						
		19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street a	and Numbe	r or Rural R	Route Numb	er, City or Town	, State, Zip	Code)		_
		William Fleet Luck	kett, M.D.	1	L5307	Bar	rning	gham	Cour	t S	ilver	Spri	ng,Md	1. 20906	
		20s. METNOD OF DISPOSITION 1 Pauriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other piece) 2 / 2 / Emodoration Morray 1 and													
	1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cametery, cremetory or other piece) Mt. Olivet Cemetery 3/24 Frederick, Maryland													
		Alph Y	n Kan)								-				
	4	// 2001	1. 2015											ngton D.C.	
5	1	23. PART i Entar the diseases, or co	omplications that cause list only ona causa on e	d tha de	eath. Do r	not enta	r tha mo	de of dy	ing, such	h aa card	lec or reapl	ratory arr	reat,	Approximate interval Between	_
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	ł	resulting in death)	PNEUI	70	NI	1								2 BAY	(
		disease or condition a. PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions D. PARKINSONS DISCASCE 10 YN											10 V/		
ERTIFICATION		Sequentielly list conditions,	DUE TO (DR AS A	CONSE	OUENCE OF	F):	1	1156	SHIS	G				10/15	
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HH.		reaulting in death) LAST													
C	- 11	PART II. Other algnificant conditions	contributing to death b	ut not	rasulting	in tha u	nderiyin	g cause	given in I	Part i.	24s. WAS AN	AUTOPSY	246. 1	WERE AUTOPSY FINDINGS	ŝ
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B		2 Accident Investigation	200 PLACE OF IN HID	At he		M			NO						_
		3 Suicide 8 Could not be 4 Nomicide datermined	28e. PLACE OF INJURY building, etc. (Spec	cffy)	ome, tarm, t	Strant, Tax	стогу, опте			City o	ATION (Street a or Town, State)	nd Number	or Rural Ro	ute Number,	
COMPLETED	-	290. CERTIFIER 1 DEBTIEVING PHYSIC	TAN: To the heat of and	laid		4.4.	al-v	4.5	120/4	. 10				<u>. </u>	_
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	1	29b. SIGNATURE AND TITLE OF CERTIFIER	- 1						ENSE NUM		prese, att				_
) IBE	4	dere.	all	//	//	, ,	11	101	10 7	19	4	ZPG. DATI	P-)	Month, Day, Year)	
9	1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITE	M 27V Vne	Pone		11. 1		0/				//	_

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO TUE CINEDAL DIDECTOR. After this configuration has been signed by the appropriate and sometimes
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		4. SOCIAL SECURITY NUMB 098-30-0196		5. SEX		s. lest birthday)	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE Of (Month,	F BIRTH Day, Year)		a. BIRTHPI Country)	LACE (State or Foreign
ping		9a. FACILITY NAME (If not in			55	YRS.	AL CITY	TOWAL A	OR LOCATE	011 05 05		21 -	38		York
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the burial-transit permit.	APLETED BY FUNER	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	- 11	yes, sp	CENDENT Concepts Cube	n, Mexicar	n, Puerto Ric	(Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
ISE as		15, DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	164	. DECEDENT'S L	SUAL OC	CUPATK	ON mortely	201	16b. I	UND OF BUS	SINESS/INC	USTRY	
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detach once.	COMPL	17. FATHER'S NAME (First, M.							18. MOT	HER'S NAI	ME (First, Mic	idle, Maiden	Surname)		
uld be	BE (Norman Li					Rose Collins								
5 sho	0	Joy O'Brien				32 Ba									10000
page 1		20a, METHOD OF DISPOSITION 20b			20b. PL	ACE AND DATE OF				otato	DIL IS.				10308
mus.	1		1 Duriel 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)								Brentwood, Maryland				
niner		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE			22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home, 11800 New H						Value of the second		
the funeral yeal.		Horus	J.ve	Frant			si	hire	e Ave	:., S	ilver	Spr:	nome, ing.	1180 Md. 2	O New Hamp
signed by the attending physician and completely filled in by the funeral director, page 5 should be detached Health and Mental Hypiene prior to burial, cremation, or removal. was any injury, or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):													
vician and rior to bur traumation	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
Ading phys Hygiene p or other	RTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST													
Aemtai Jerry,		PART II. Other significa	et condition	a postelbutlan to	do adh hud -										
5 o e	IN: MEDICAL			controlling to		ot resulting in	the unc	erryin	g cause (given in i		4a. WAS AN PERFOR	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
he State Dept or Item 23	S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER				ck only one)				
with the S riked, or I	PHYSICIAN:	1 YES 2 NO 27. MANNED OF DEATH		28e. DATE OF (Month, De	INJURY	28b. TIME	OF :	ng Hom 28c. INJ	URY AT	sidence	6 Other (Specify) RIBE HOW II	NJURY OC	CURED	
eath with	B	2 Accident	Pending rivestigation	20 - 01 405 0	E this is time.		м		YES 2	NO					
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filed within 72 hours APORTANT: If Item	COMPLETED			CIAN: To the best of R: On the basis of as											and manner es stated.
be filed w	TO BE	29b. SIGNATURE AND TITLE	0,	andre	•	* >			29c. LICE	NSE NUM	5-4C		29d. DAT	E SIGNED (A	Month, Day, Year)
		30. NAME AND ADDRESS OF		- 1								Α.			ma,
		31. DATE FILED (Month, Day.	Ybar)	32/REGISTRA		821	8	عا	59	ms	12	6A-		5	-chcert.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physicial	Management Management of the Control
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After this certificate has been signed by the attending p	death with the State Dept. of Health and Mental Hygiene	marked, or item 23 shows any Injury, or other
4: After this certificate has been signed by the attending p	ir death with the State Dept. of Health and Mental Hygiene	is marked, or item 23 shows any Injury, or other
OH: After this certificate has been signed by the attending p	fter death with the State Dept. of Health and Mental Hygiene	'8 is marked, or item 23 shows any Injury, or other
CIUM: Affer this certificate has been signed by the attending p	after death with the State Dept. of Health and Mental Hygiene	28 is marked, or item 23 shows any Injury, or other
HIRECTOM: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 5 sho	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH March 13, 1994 WILLIAM ANTHONY LEMMON, Jr. 9:50 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 9/15/32 DAYS HOURS 1 M 2 | F 577-46-2591 YRS. 61 Washington, D.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Presidential Nursing Home Adelphi Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Montgomery Takoma Park YES 2 NO FUNERAL 10e. STREET AND NUMBER tor. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6421 5th Avenue 20912 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 1949 - 1955 Specify: ВY 3 Widowed 4 Divorced **Black** COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Security Guard Federal Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) William Anthony Lemmon Suzie Lemmon BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara C. Belton 6421 5th Avenue, Takoma Park, MD 20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Burlel 2 Cremation 3 Removal from State Ft. Lincoln Cemetery 3/17 □ Donation 5 □ Other (Specify) Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, Inc. 7400 Georgia Ave. N.W. Wash. D.C. 20012 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or raspiratory arrest, shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition Carcinoma of lung with metastasize 3 yrs. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? ICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 \(\times \) Nursing Home 5 \(\times \) Residence 6 \(\times \) Other (Specify) PHYSI 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending t YES 2 NO ВҰ 2 Accident Investigation 3 Sulcide 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On atigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Myror 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20902 Myron L. Lenkin, M.D. 2309 Shorefield Road, Wheaton, MD MAR 1 8 1994 2 2/SESTERMAN SAMATABLE

DIVISION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be executed with

OR ATTENDING PHYSICIAN: The law

TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho IMPORTANT: If its

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DIVISION OF VITAL RECORDS, F.O. BOX 88760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NO IN IN	OR ATTEND	DIRECTOR: J	tem 28 is
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	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT OF			ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)						_	2. DATE OF DEATN			3. TIME OF DEATN
- 3		DEDE		1	2			MONTH D/		YEAR	
	4. SOCIAL SECURITY NUMBER	BERT 5. SEX	F.		Lowe		March 1"		1994		0545 M
			6. AGE (In yrs. ie	-	MONTHS DAYS	HOURS	MIN. 7	Month, Day, Year)		8. BIRTN Country	PLACE (State or Foreign y)
- 1	578-36-8655	1∑M 2 ☐ F	64	YRS.			J	une 30, 1	929	Was	hington, DC
	9e. FACILITY NAME (If not institution, give at	reet end number)			9b. CITY, TOWN	OR LOCAT	ON OF DEAT	'N	9c. COU	NTY OF D	
S.	PENINSULA REGIONA	AL MEDICA	AL CENTE	er	R SALISBURY				WICOMICO		
DIRECTOR	RESIDENCE OF DECEDENT										
H	10e. STATE 10b. COUNTY	10c. CITY	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
0	Maryland Word	Be	erlin						1 YES 2 NO		
A	10s. STREET AND NUMBER				10f. ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	571 Ocean Pines					2181	1		IIni	hod (States
ž	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI					OBIOINS (Pennity Von			- American Indian,
	1 Never Merried 2 Merried	FORCES?	X YES 2	NO	If yes, s	pecify Cubi	in, Mexican, F	Puerto Ricen, etc.)	OF 140—	Black	. White, etc.
В	3 Widowed 4 Divorced	1946-1			1 - YE	S 2 K) NO	Specify:			Specif	White
	15. DECEDENT'S EDUC			ECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BUS	INEEC (IND	LICTRY	WILLCE
	(Specify only highest grade	completed)	(C	Give kind of w	rork done during n	ost of worki	ng	IBB. KIND OF BOS	HNE35/INU	USINI	
2	Elementary/Secondary (0-12)	College (1-4 or 5+	-)		,						
COMPLETED	12		0	wner-	Operato.	_		Radio &		•	
	17. FATNER'S NAME (First, Middle, Last)							(First, Middle, Meiden	Sumeme)		
BE	Franklin R. Lowe	ery						cGeary			
2	19a. INFORMANT'S NAME (Type/Print)		19					ite Number, City or Town			
	Barbara F. Lowery	Υ		571 (Ocean P	ines,	Berl	in, Maryl	and	218	11
	20a, METHOD OF DISPOSITION 1 - Burlet 2 - Cremetion 3 - Remo	oval from State		AND DATE O	F DISPOSITION (lame of		OATE 20c. LO	CATION —	City or To	wn, State
- 9	4 Donation 5 Other (Specify)		Parkl	Lawn 1	1emoria.	l Par	k 3/	21/94 Roc	kvil	le. N	Marvland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME /	ND AOORE	SS OF FACIL	ITY Robert	A D1	ımph	rev Funeral
	D / / / / / / / / / / / / / / / / / / /	P			Home,	/Rock	ville	, Inc. 3	00 We	est 1	Montgomery
	7 Jack C	. eru		100803	Aven	ie, R	ockvi.	lle, Mary	land	208	850-2805
	23. PART I. Enter the diseases, or c shock, or heart failure. I	let only one cau	dansed the di	eath. Do n							
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				a.							Interval Between
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DA. 614D

38. REGISTBAR'S SIGNATURE
Julia Davidson-Mandalle

2 H·R. H
31. DATE FILED (Morith, Day, Year)
MAR 2 1 1994

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-		
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TIGSON	UNER	be nied within 72 hours after death with the State Dept. or Health and Merital Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE H	THEF	med w	PORT
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1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALI		IENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, Las) LARKINS	D. LARKIN	IS		2. DATE OF DEATH		an 3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 217-38-0966 9e. FACILITY NAME (If not institution, give	1 🗓 M 2 🗆 F 5.	3 YRS. MOI	HITHS DAYS HOUR	PB MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 22 194(BIRTHPLACE (State or Foreign Country) MARYLAND OF DEATH		
AME Arunde	Anne Arundel MEDICAL CENTER ANNAPOLIS								
	NTY IE ARUNDEL	ANNAP	OWN OR LOCATION			ted. INSIDE CITY LIMITS? 1\times YES 2 \(\) NO			
100. STREET AND NUMBER 29 W. WASHINGT	ON STREET APT	. 202	214		U.S.	A .			
tt. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	t2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X 100	13. WAS DECENDEN If yee, specify C t YES A 1	uban, Mexican,	C ORIGIN? (Specify Ye, Puerto Rican, etc.)	a or No— 14.	RACE — American Indian, Black, White, atc. Specify: BLACK		
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	TADODED					JSINESS/INDUST	FRY		
17. FATHER'S NAME (First, Middle, Last)				IOTHER'S NAM	E (First, Middle, Maiden	Sumame)			
JOSEPH LARKIN	1111111111		HERINE McC						
19a. INFORMANT'S NAME (Type/Print)	DRESS (Street and Num				de)				
NAOMI BUNDY 272 TERWING DR. ARNOLD, MD. 21012 20a. METHOD OF DISPOSITION DATE 20c. LOCATION — City of Town							or Town State		
NXBurial 2 Cremation 3 Removal from State Commetter, crematory or other place) PINELAWN MEM. PARK 3/22/94 ANNAPOLIS, MD.									
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADD	ONS MO		P.A.			
23. PART I. Enter the diseases, a shock, or heart failur	or complications that caused re. List only one cause on as	I the death. Do not	anter the mode of	dying, such	se cardiac or resp	piratory arrest	Approximate interval Between		
immediate Cause (Final disease or condition resulting in death)									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ve dis	euse					
PART II. Other algorificant condition of the second		ut not reaulting in t	he underlying caus	ie given in P		RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				F DEATH (Chec	ck only one)				
EXAMINER?	HOSPITAL:		THER: Nursing Home 8	Residence 6	☐ Other (Specify)				
27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Y WORK?		28d. DESCRIBE HOW	INJURY OCCUR	ED		
2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	1 1 163		281. LOCATION (Street City or Town, State	and Number or (Rural Route Number,		
anal	YSICIAN: To the best of my knowl						suse(a) and manner as state		
29b. SIGNATURE AND TITLE OF CERTIF	SEN 1	p-	29c. I	LICENSE NUME	BER	29d. DATE SI	IGNED (Month, Day, Year)		
Michael	Samou	1 12	D	3442	427 >03-19-94				
30. NAME AND ADDRESS OF PERSON OF	WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin 621 R	relsely	Ave	ske 20	1 ANN	AP MO ZIY		
" MAR/2 2" 1994	32. REGISTRAR'S SIGN	Sedia Davids	on-Bindell						

3. TIME OF OEATH 055 AM

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

White

8. BIRTHPLACE (State or Foreign

Maryland

USA

Specify:

Martin

DIRECTOR

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TO THE FUNERA
De filed within 72
IMPORTANT: II

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST

OUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?

Approximate

Interval Between Onset and Death

mout

1	YES	2	NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO

Investigation

8 Could not be determined

27. MANNER OF CEATH

Sulcide

1 Natural

2 Accident

4 Homicide

HOSPITAL: 28e. DATE OF INJURY (Month, Day, Year)

OTHER etlent 2 - ER/Outpetlent 3 - DOA 28b. TIME OF

4 Nursing Home 5 Residence 8 Other (Specify) 28c. INJURY AT WORK?

26. PLACE OF OEATH (Check only one)

28d. OESCRIBE HOW INJURY OCCURED

28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

1 YES 2 NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kno ladge, death occurred at the time, date and place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAM

296. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER

LETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE 23 1994

Denden

retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

funeral director, page 5 should be detached for use as the burial-transit ured within acrinours after death. Page 6 may be i completely filled in by the funeral director, page 5 rial, cremation, or removal. n and completely fille to burial, cremation, executed with death certificate be attending physician prior signed by the attending phy Heaith and Mental Hygiene HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the t. of h has by Dept. certificate h this c After DIRECTOR: A

DIVISION OF VITAL RECORDS, P.O. BOX 68760

OHMH-18 Rev 1/89

- amended #18 3-11-94 BT, SE Mary'S CO.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)		2. DAT					3. TIME OF DEATH		
	Anna LAU	RA				3-9-	94 YEA	9:30 am		
	4. SOCIAL SECURITY NUMBER 577-01-5253	1 🗌 M 2 🔀 F	(In yrs. lest birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 25,	Co	RTHPLACE (State or Foreign buntry) Ohio		
TOR	99. FACILITY NAME (If not institution, give street and number) St. Mary's Hospital RESIDENCE OF DECEMENT 99. CATTY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DE 9c. COUNTY OF DE									
DIRECTOR	100. STATE 10b. COUNTY Maryland St		town on Locati			10d. INSIDE CITY LIMITS? 1 □ YES 2 🌣 NO				
	100. STREET AND NUMBER Star Rt. Box 29-1		101. ZIP CODE 20650			10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Merried 4 Divorced	IN U.S. ARMEO 3 2 NO OATES	S. ARMEO 13. WAS DECENOENT OF HISPANIC ORIGI 2 NO If yes, specify Cuben, Mexican, Puerto			IIGIN? (Specify Yes or No. 14. RACE — American Indian,				
LETED	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	life. Do NOT use	ork done during mos retired.)	at of working	16b. KIND OF BU					
COMPL	11th Grade 17. FATHER'S NAME (First, Middle, Last)		Owner/C	perator		Rest	aurant			
ш	Francis	Marion	Gibson		Ida		Schnotz	hroats		
0 8	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street or	nd Number or Rural I	Route Number, City or Tow)		
10	Kelly Carson Litt	en, Jr.	Star	Rt. Box	29-1A,	Leonardtov	vn, Mary	yland 20650		
	Kelly Carson Litten, Jr. Star Rt. Box 29-1A, Leonardtown, Maryland 2065 20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Fernoval from State 20b. PLACE AND OATE OF DISPOSITION (Name of Competer), ciematory or other piece). Charles Memorial Gardens 3/11/94 Leonardtown, Mary									
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	- 1 C	Charles Me	morial (Gardens	3/11/9H L	eoanrdt	own, Marylar		
	Michael	Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270 Leonardtown, Maryland 20650 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate								
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Death Onset and Death Oue TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Oue TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algnificant condition		0 /	tha underlying	cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS		
N: MEDICAL	Can	ue Men	al dis	eare		1 YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Ou	stpatient 3 DOA			6 Other (Specify)				
ву Рн	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 V	RK? ES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, atc. (Sp	RY — At home, ferm, at lectry)	reet, factory, office		281. LOCATION (Street of City or Town, State)		ral Route Number,		
COMPLE	onel	CIAN: To the best of my know.						se(s) end manner es stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	mos	m		29c. LICENSE NUI	18ER 285	29d. DATE SIGN	NED (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF D	1.77.	Leor	ARdy	tren M	nd			
	MAR 1 0 '94	Alia Navidron		8				a salah salah		

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	24 Hours after death, Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the burial-trz ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death, Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trace filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTM			MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	ANNA MARIE LU	CAS				uary %	4,1994	ar 8:40 p M	
	4. SOCIAL SECURITY NUMBER 217–28–2610	5. SEX 6. AGE (In yrs. 63	YRS. MOI	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Dece	Day Year	- C	Price, Md.	
TOR	90. FACILITY NAME (If not institution, give s Thompson's Nursin RESIDENCE OF DECEDENT			Chruch	Hill	EATH	Queen Anne's			
DIREC	10e. STATE 10b. COUNTY	en Anne's	wn or location h Hill					10d. INSIDE CITY LIMITS? 1 \(\bar{\Delta} \) YES 2 \(\bar{\Delta} \) NO		
ERAL	100. STREET AND NUMBER 127 Walnut Street		101	21623			of WHAT COUNTRY? d States			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Verif yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 HO Specify:				os or No 14. RACE American Indian, Black, White, etc. Specify, White		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				on st of working	16b.	KIND OF BUSIN		AA.	
E COMF	12 years Oper 17. FATHER'S NAME (First, Middle, Leat) Stephen E. Bostic			ator	18. MOTHER'S NA Lula V		iddle, Meiden Su	-	ле	
TO BE	190. INFORMANT'S NAME (Type/Print) Erdman Lucas (hus)				nd Number or Rural Church					
	20a. METHOD OF DISPOSITION 1% Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelory, cremations of camelors, crematical camelors, cremations of camelors, cremations of camelors, cremations of camelors, cremations of camelors, cremations of camelors, cremations of camelors, cremations of camelors, crematical camelors, crematical camelors, crematical camelors, cremations of camelors, crematical camelors, crematical camelors, crematical camelors, crematical camelors, crematical camelors, crematical camelors, crematical camelors, crematical camelors, crematic									
	21. SIGNATURE OF FUNERAL SERVICE LICENS. William L. King 22. NAME AND ADORESS OF FACILITY. Fellows Funeral Homes, P.A. P.O. Box 270 Millington, Md. 21						21651			
	23. PART I. Enter the diseases, or o shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that coursed the List only one course on each is a course of the DUE TO (OR AS A CON-	u la			h aa cardi	ac or reapira	tory arreat,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CON:	SEOUENCE OF):							
AL CER	PART II. Other algnificant condition	a contributing to deeth but no	ot resulting in th	ne underlylng	cause given in	Part I.			24b. WERE AUTOPSY FINDINGS	
MEDIC							24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		AMARABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpatient 26e. DATE OF INJURY		HER: Nursing Home	ACE OF OEATH (Ch	6 🗆 Other	(Specify)			
B	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 26e. PLACE OF INJURY — At	INJURY	M 1 Y	RK? ES 2 NO	28f. LOCA	TION (Street and	BE HOW INJURY OCCURED N (Street and Number or Rural Route Number,		
COMPLETED	4 Homicide determined building, etc. (Specify) City or Town, Stete)									
ш	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and 29b. SIGNATURE AND TITLE OF CERTIFIER					and place, end o	d due to the ceuse(e) end manner as stated.			
TO BI	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF OBATH (I	TEM 27) (Type, Prin	10	03980	57	Earl	1 2/9	194	
-2	31. DATE FILED (MARI), Day, Year) 194	32. REGISTRAR'S SIGNATURE			id W	re 1	east	zh L	10 2160	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
after	y the	TOVAL	cal
SUZ	4	IF ret	Ded
4 PC	filled	'n,	9
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1 with	mplet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rvent
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	_ SIAIE	STATE OF MAR				MENTAL HYGIEN	IE				
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY / YEA	3. TIME OF DEATH			
	Rachel Ruth	Lease				3/20	/94	406 PH			
	The state of the s		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. Bit	RTHPLACE (State or Foreign untry)			
	219-36-0462B ¹	I ☐ M 2 🔏 F	98 YRS.	MONTHS BAYS	HOURS MIN.	Aug. 15. 1		rvland			
	9a. FACILITY NAME (If not institution, give stree	et and number)		96. CITY, TOWN (OR LOCATION OF DE		9c. COUNTY O				
<u>۳</u>	Westminster Nursing	a & Conv	Center	Westn	ningtor		Carro	11			
DIRECTOR	Westminster Nursing & Conv. Center Westminster Carroll										
Į,	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY			
=	Maryland Ca	arroll		New	Windsor			LIMITS? V			
A	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?			
FUNERAL	P.O. Box 458				21776		TI	S.A.			
=	h	2. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		ACE — American Indian,			
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 NO	If yes, sp	ecity, Cuban, Mexical	n, Puerto Rican, etc.)	В	tack, White, atc.			
B	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OF	H DATES	1 L YES	2 NO Specify		S	White			
	15. DECEDENT'S EDUCAT		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTR				
1	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during mo se retired.)	st of working	33333333333					
립	6	College (I-4 or 5 +)	homem	aker			own home	2			
COMPL	17. FATHER'S NAME (First, Middle, Last)		110		10 MOTHER'S NAI	ME (First, Middle, Maiden					
	William Chaney				Airy G		Surneme)				
BE	19a. INFORMANT'S NAME (Type/Print)		405 4444 446			Route Number, City or Tow					
2	John W. Lease			Box 458		ndsor, MD					
	20s, METHOD OF DISPOSITION							wo sem			
	1 Description 5 Cremetion 3 Remove		20b. PLACE AND DATE cemetery, cremetory or o	ther place)			CATION — City or	·			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	nee /	Prospec	t Cemete	Y ADDRESS OF SA	3/29 nr	Mt. A	ry, MD			
	.11	</td <td>2</td> <td>22. NAME A</td> <td>TO ADDRESS OF PAC</td> <td>D.D. Han</td> <td>rtzler 8</td> <td>& Sons</td>	2	22. NAME A	TO ADDRESS OF PAC	D.D. Han	rtzler 8	& Sons			
	Meinell) Langle	~	Nev	/ Windsor	, MD					
	23. PART I. Enter the disease, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) e	artou	sed the deeth. Do neach line.	io li	ede of dylng, such	re dro	tratory arrest,	Approximate Interval Between Onset and Death			
Z	Sequentially list conditions, b.			cus	laa			9			
CERTIFICATION	If any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	F):	-	1	\				
2	cause. Enter UNDERLYING CAUSE (Disease or injury	geour	ale ge	t ou	ercio	acter	rosa	year			
늗	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):							
H	d										
	PART II. Other aignificant conditions of	contributing to deat	h but not resulting	in the underlying	cause given in	Part I. 24a. WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS			
MEDICAL	Sancle 1	Demen	elia	24	DN.	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE			
	TIA D	1 1 1		1	(4	1 □ YES 2	I DI NO	OF DEATH?			
	2/11/17	1000	1010	-	beal.	a		1 TES 2 NO			
Z	Savenda	gla	u cor	na							
5	25. WAS CASE REFERRED TO MEDICAL / EXAMINER?	IOSPITAL:			ACE OF DEATH (Che	ck only one)					
\S	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1										
H	27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Yes			URY AT	26d. DESCRIBE HOW I	NUMY OCCUPED				
BY	1 Pending 2 Accident Investigation			A STATE OF THE PARTY OF THE PAR	res 2 🗌 NO			14.1			
D	3 Suitcide 8 Could not be	28e. PLACE OF INJU- building, etc. (5	IRY — At home, farm,	street, fectory, office		28f. LOCATION (Street)		ni Routs Number;			
ETE	4 Homicide determined	Sunding, the ja	Sand)			City or Reen, State)					
=	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of my kr	contactor death occur	ad at the time date	and alone and due						
COMPL	(Check only one) 2 MEDICAL EXAMINER: (ne(s) and manner as stated			
1	29b. SIGNATURE AND TITLE OF CERTIFIER			, -,				1000			
) BE	& strain	Bar	TRAC	2	D/4	992	P 3-	1ED (Month, Day, Year) 26-94			
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	DEATH (ITEMST) (Type	Print)		. 4.5	/				
	EPHRAIM !	SARZ	A. 6 A	- NE	Eve	WINd	5012,	1874-1776			

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO							
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH			3. TIME OF DE	ATH			
James Earl Lavi	James Earl Lavin, Jr.							Month DAY YEAR March 16, 1994 2:10 P					
4. SOCIAL SECURITY NUMBER 220 34 1970	1× 10 0 0 0	E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF		12	8. BIRTI	HPLACE (State or				
9e. FACILITY NAME (If not institution, give st	5	5 1113.	AL AITH TANK			4/39	L	1	YLAND				
			LANH	OR LOCATION OF	DEATH			NCE	GEORGES	3			
10e. STATE 10b. COUNTY	/	10c, CIT	Y, TOWN OR LOC	ATION					10d, INSIDE CI	TY			
7013 ST. ANNES AVI	E GEORGES		LANHAM						LIMITS?				
10e. STREET AND NUMBER 7013 ST. ANNES 11. MARRITAL STATUS 1 Never Married 2 X Merried	S AVENUE		1	of, ZIP CODE	20801			S.A.	WHAT COUNTRY	?			
	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENOENT OF HISP specify Cuben, Maxis S 2 X NO Spec	ANIC ORIGIN? cen, Puerto Ric		E — Americen in k, White, etc.						
									WHIT	ĽΕ			
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Last)	CATION completed)	16a. OECEDENT'S (Give kind of	work done during n	TION nost of working	16b. H	IND OF BU	SINESS/IN	DUSTRY					
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us			1								
12		SYSTEM	S ANALY:	ST	INT	ERNAL	REV	ENUE	SERVIC	E			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	IAME (First, Mic	ddle, Meiden	Sumeme)						
JAMES EARL L	AVIN, SR.				RGARET								
196. INFORMANT'S NAME (Type/Print)	20 20			end Number or Rura									
MRS. JAMES E. LAV				ES AVE.,									
20% METHOD OF DISPOSITION 1 Disputel 2 Commetter 3 Rame		Ob. PLACE AND DATE of amatery, crematory or of		Vame of	DATE		CATION -						
4 Donation 5 Other (Specify)		ECKHART C	EMETERY			ECK	HART	, MD	2152	.8			
21. SIGNATURE OF SUNERAL SERVICE LIC	May	men)	SOWER	S FUNERA	L HOME	-							
23. PART I. Enter the diseases, or 6	complications that cause	and the death. Do	60 W.	MAIN ST	. FRO	STBUR	G, M	D 21					
shock, or heart failure.	List only one cause on	eech line.	not enter the m	ode of dying, su	ich aa cardii	ic or reep	iratory ar	reat,		Between			
iMMEDIATE CAUSE (Finel disease or condition	Dogginata									nd Deatl			
reaulting in deeth)	Respirato	ry and Ca	rdiac F	allure					1 H	r.			
		C Cancor		Lungs					1111	1720			
Sequentially list conditions,	Metastatic Cancer of the Lungs 14 Yrs												
if any, lesding to immediate cause, Enter UNDERLYING	if any, leading to immediate												
CAUSE (Diseese or injury	DUE TO (OR A)	S A CONSEQUENCE O	F):										
that initiated events resulting in deeth) LAST			. ,.										
Sequentially list conditions, if any, lesding to immediste cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d								+				
	PERFORMED? AM								. WERE AUTOPSY AMAILABLE PRICE	OR TO			
PART II. Other significent condition					_	YES 2	NO		OF DEATH?	F CAUSE			
									1 YES 2	NO			
25. WAS CASE REFERRED TO MEDICAL													
EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (
1 TYES 2 NO 27. MANNER OF DEATH	1 Inpstient 2 ER/O			me 5 Residence			-						
	(Month, Day, Year) INJURY WORK?						INJURY OC	CURED					
2 Accident Investigation		201 1 0 0 0 1	1011 (011		6 1	De la Marka							
4 Homicide 6 Could not be determined													
29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owledge, desth occurr	ed at the time, de	te and place, and d	ue to the caus	e(a) end mai	nner ae sta	rted.					
onel	R: On the basis of exemina								e) end manner er	stated.			
		-	0	29c. LICENSE N	IMBED		364 043	re sucuér	O (Month, Day, Yea	ari .			
1/2	Jen	1	4_	- 5	100	100	b	37.	1101				
30. NAME AND ODRESS OF PERSON WHO	O COMPLETED CAUSE OF	OEATH (ITEM 27) (Time	Riho	- W	1/2	20		11	0/74	-			
Jae S. Chung, M.	D. 9470 Am	napolis F	Road, Su	ite 306,	Lanha	am, M	D 20	07/06	27 (1)				
31. DATE FILED (Month, Day, Year)	32 EGISTRAPIS SI	GNATURE											
MAR 18 1994	A section	and freder											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with low the flower after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fansit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIF	ICATE O	F DEATH	f	REG. NO.				
1, DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH		
								04:35		
4. SOCIAL SECURITY NUMBER 235-48-7330	1 . SEX 6. A	GE (In yes, lest birthday) OF YRS.	IF UNDER 1 YEA MONTHS DAY	Married Street, Street	7. DATE OF (Month, Or	ny: Nivar)	A. BIRT	THPLACE (State or Foreignly)	pri	
Se. FACILITY NAME (If not institution, give	99. PACRLITY NAME (If not institution, give street and number) SACRED HEART HOSPITAL					9c. CO	90. COUNTY OF DEATH ALLEGANY			
RESIDENCE OF DECEDENT			COLLE	ERLAND, M			ALLE	GANI		
10a. STATE 10b. COUNT	TY .	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY	_	
The state of the s	gany	Cun	berla	0.0141.0			1X YES 2 NO	5		
220 Somerville	Avenue			21502	USA					
11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF	ES 2 NO	If yes,	DECEMBENT OF HISPA specify Cution, Maxing TES ZX NO Spec		Black, White, etc. Specify:				
15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KB	ND OF BUSINESS/IP		nite	_	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of the Do MOT u	work done during se retired.)	most of working		te.st. attailuque.n				
12		homema	ker			own ho	ome.			
17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S N	AME (First, Midd	lle, Meider Suneme)				
M. H. Gall				Estel	la Zi	nn				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS /Stre	et and Number or Fure			Sp Code)			
Marion	Twigg	13	0 Colum	bia Stro	at Cum	horland	MD	21502		
29a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION	(Name of	DATE	20s. LOCATION -			-	
Burtel 2 Cremation 3 Rem	novel from State	cemetery, crematory or o			0 /00 /					
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Walnut Gr	OVE CON	AND ADDRESS OF F	ACILITY 3/	Graftc	m W	V	-	
1 1 2 2 -	7 1	011		rpelli 1						
Janes -	7 4100	MALIN		berland			2150	12		
disease or condition resulting in death) A. HYPOTENSVE HERRE DEATH DOS. D (OR AS A CONSEQUENCE OF). Sequentially list conditions, if any, leading to immediate DUE TOTON AS A CONSEQUENCE OF).										
CAUSE (Disease or Injury that initiated events resulting in death) LAST										
									Ξ	
PARTUR Significant condition	ar the underly		A STATE OF THE PARTY OF THE PAR	PERFORMED?	34	346. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
DE MAIN CARE HERESTON TO 1100				-2010-2011-2011-2011-2011-2011-2011-201					_	
25. WAS CASE REFERRIED TO MEDICAL EXAMINERY	HQSPITAL:		OTHER:	PLACE OF DEATH /C	theck prily one)					
1 VES 2 NO		Sutpatient 3 DOA		tome 5 🗔 Residence	S C Other (To	pecify)				
27. MANNER OF DEATH 1 Hartural 5 Pending	1 Matural 5 Pending (Month, Day New) INJURY WORK?									
2 Accident Investigation 3 Suitcide 6 Could not be determined 38e. PLACE OF INJUSTY — At home, farm, street, fectory, office City or libert, State) 38f. LOCATION (Street and Number or Furnit Fiturite City or libert, State)									_	
	SCIAN: To the best of my kr							ist and more as a		
			opening	-		place, and due to	the cause	(a) and manner as state	ret.	
296. SIGNATURE AND TITLE OF CERTIFIE	NOB			294 LICENSE NO	2.25	294. DA	TE BIONE	P (Month, Day, Year)		
TO NAME AND ADDRESS OF DESCRIPTION	O COMPLETED ONLY	DE ITH OWEN TO		שאוני			100	174	_	
30, NAME AND ADDRESS OF PERSON WE	COMPLETED CAUSE OF	DEATH (ITEM 27) /Type	Print)	7	1	y 2	. a	2 2 1		
mover+ W	elly, M.	D. 702	Detor	Drive	Cum	berland	1,10	10 2/500	y,	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE			Court L		,		-	

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificus be accounted with. Figure 5 may be retained by the law creatives that the death certificate has been signed by the attending physician and completely filled in thy the formers develor, page 5 should be detached for use as the burish-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, cremation, or remove; the most seek that the State Dept. or Health and Mental Hygiene prior to burish, cremation, or remove; them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Amended #12, 3/28/94, NLS, Allegany Co.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH EUGENE LYONS 1994 MARCH 21, PM 13:40 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 3-22-26 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 30 2128 1 X M 2 - F 67 MD. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY IBc. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD. Allegany Cumberland 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 710 Fayette Street 21502 USA retained by the hospital or attending physician 5 should be detached for use as the burial-train 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puarto Rid 1 YES 2 X NO Specify: Specify: White В Widowed 4 Divorced 1951 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10 Office Manager Forest Product 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) to Tony B. Lyons Fannie L. (Twigg) BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Peggy Speelman 125 Hillside Dr., Fayetteville, Pa. 17222 page ours after death. Page 6 may be pe 20a, METHOD OF DISPOSITION
1 & Buriat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must funeral director. Camp HiII Cemetery 4 Donetion 5 Other (Specify) 3/25/94 Paw Paw, WV. examiner 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kight Funeral Home WXLar 309-311 Decatur St., Cumberland, MD. 21502 in by the medicai 23. PART t. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heert fellure. List only one euse on eech line. ŏ filled Onsst and Death IMMEDIATE CAUSE (Final cremation. traumatic event, the disesse or condition Ordio 9 luce resulting in death) BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) ed and com Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING physician scalete CERTIFICAT HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) DIVISION OF VITAL RECORDS, P.O. the attending p that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 24 NO 1 YES 2 NO has been of h PHYSICIAN: Dept. 25. WAS CASE REFERRED TO-MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: 1 - YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DEȘCRIBE HOW INJURY OCCURED marked, 1 L Natural Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark В 2 Accident 26e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER In Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated. TO THE HOSPITAL E
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 3377 3.21-90 D arec WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) elandia 924 Seton 31. DATE FILED (Month, Day, 3-24-94 Julia Davidson-Randall

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fine death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriah. De filled within 72 hours after death with the Sate Dept. of Health and Mental Hyglene prior to burial: cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	_	FOR STATE
_		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		C	EKIII	ICALE	: UF	DEAL	Н		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	т ъ							2, DATE O	F DEATH DA	ΑŸ	YEAR	3. TIME OF DEATH
	OLIVE JUL	LATHR	HRUM					3 25 1994 6:45					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER	1 YEAR	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)			6. BIRTH Count	IPLACE (State or Foreign
	213-74-3898 9e. FACILITY NAME (# not institution, give :	YRS.					Mar	31, 1	899		ID		
œ							PR LOCATIO	ON OF DE	ATH		9c. COU	INTY OF D	PEATH
DIRECTOR	MEMORIAL HOSPITAL				CUM.	BERL	AND				ALI	EGAN	Y
Ä	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	R LOCAT	TON		_				10d. INSIDE CITY
	MD Alle	gany		Cum	ber]	land	E						LIMITS?
FUNERAL	10e. STREET AND NUMBER		- -		101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?		
5	401 East Oldto	wn Road					21	502			USA		
5	11. MARITAL STATUS		T EVER IN U.S. AI								or No-	14. RACI	E — American Indian, k, White, atc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES X				2X NO			· · · · · · · · · · · · · · · · · · ·		Spec	thy:
ED	15. DECEDENT'S EDU	CATION	18a Di	ECEDENT'S	LISUAL O	CHIDATI	M.		405.0	IND OF BUS	111500 1111		ite
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(0	Give kind of a	vork done o	during mo	st of workin	g	100, F	TINU OF BUS	SINESS/IN	DUSTRY	
4	1.0	College (1-4 or 5	"	1						1	1		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	- 150	ache	r	-	18. MOTH	IER'S NAI	ME (First, Mic		Sumame)		
BE C	Dw. Coowaa I	Droodry					Emm	- T	Wach	-or			
TO B	19a. INFORMANT'S NAME (Type/Print)	DI VUUI U	19	b. MAILING	ADDRESS	(Street a			Poute Number		n, Stete, Zij	p Code)	
F	O Touriso	Cilnin		61	3 Pic	daam	. boo	Aven	110 C11	mher	land	а мг	21502
	20a. METHOD OF DISPOSITION 1 D. Buriel 2 Cremation 3 Rem	oval trom State	20b. PLACE cemetery, cri	AND DATE	OF DISPOS				DATE			City or To	
	1 ABuriel 2 Cremation 3 Rem		Hille			al	Park		3/28	4 01	mber	land	_MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENGEE	17	1000					CILITY				
	James 1	Mar	pll.						unera Mar			150	2
	23. PARTA. Enter the diseases, or	inplications the	ceused the d	eeth. Do r	ot entar	the mo	de of dyl	ng, auct	aa cardia	c or raapi	ratory ar	reat,	Approximate
	ahock, or heart fellure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel Onset and Death												
	disease or condition as A Spiration Ducto (or as a consequence one land of the consequence of the consequenc												
	nouting in douting	DUE	(OR AS A CONSE	OUENCE O	1		K A A !	UV					Jacq
Z	Sequentially list conditions,												
Ĕ	if any, leading to immediata	DUE TO	(DR AS A CONSE	DUENCE O	ን:								
5	CAUSE (Disease or injury	C DUE TO	(OR AS A CONSE	DUENCE O				-					
Ē	that initiated eventa reaulting in death) LAST	DOE 10	(OH AS A CONSE	DOENCE OF	-):								i
CERTIFICATION		d					-						
	PART II. Other significent condition	a contributing to	death but not	resulting	n the un	deriying	ceuse g	lven in	Part I. 2	4a, WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									_ ,	YES 2			COMPLETION OF CAUSE OF DEATH?
ME											-10		1 YES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ck only one)				
XS.	1 TYES 2 NO		ER/Outpetlent	DOA DOA	OTHER		e 5 🗆 Re	sidence	8 Other (Specify)			
F	27. MANNER DF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, E	tNJURY Day, Yeer)	28b. TIM INJ	E OF URY	28c. tNJ WO	URY AT RK?		28d. DESC	RIBE HOW II	JURY OC	CURED	
B≺	Natural 5 Pending Investigation				М		'ES 2 [NO					
	3 Suicide 8 Could not be 4 Homicide determined	street, fect	ory, offic			28t. LOCAT City or	ION (Street a Town, State)	nd Numbe	r or Rural I	Route Number,			
E													
린		CIAN: To the beat of											
COMPLET	4 MEDICAL EXAMINE	one) MEDICAL EXAMINER: On the beele of examinstion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated,										e) end manner ee stated,	
шШ	2964 SIGNATURE AND TITLE OF CERTIFIE	1 ().					29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month. Day, Year)
TO B	Wullam	the	n Mu)			D 25	406			•	3/2	1194
	30. NAME AND ADDRESS OF PERSON WH												
	WILLIAM LAMM M.D	., 47 VI	RGINIA A	VE.,	CUME	BERL.	AND,	MD	2150	2			
	31. DATE FILED (Month, Day, Year)	32 AEGISTR	AR'S SIGNATURE	1.11									
- 11	MAR 2 8 1994	- /	WATER . IN	444									

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Julia Davidson-Randall

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO t. DECEDENT'S NAME (First Middle Lest) 2. DATE OF DEATH 3. TIME OF DEATH 17 PAY 1994 YEAR March Elsa Miller A. 3:10 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS May II 1907 HOURS 1 M 2 X F Sweden 86 090-26-0463 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bethesda Retirement Center Chevy Chase Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington 1 X YES 2 NO FUNERAL TO STREET AND NUMBER tot. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6112 32nd Place, N.W. 20015 burial-transit U.S.A. ours after death. Page 6 may be retained by the hospital or attending physician. PUTATE LATIDAM 11 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t ☐ YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 X NO Specify: t Never Merried 2 🕅 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced funeral director, page 5 should be detached for use as the White COMPLETED ts. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 5+ Psychologist Episcopal Church t7. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Surname) notified at Einer Rendahl Ida Marie Melin BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David J. Miller 6112 32nd Place, N.W. Washington, D.C. 20015 9 20a. METHOD OF DISPOSITION
1 ☐ Burlet 2 🖟 Cremation 3 ☐ Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Mount Comfort Crematory 4 Donation 5 Other (Specify) 3/21 Alexandria, Virginia examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Joseph Gawler's Sons, Inc. 5130 WI Ave., NW MUNICOX Washington, D.C. 20016 lifed in by the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heert fallura. List only one cause on each line. interval Between 0 Onset and Death IMMEDIATE CAUSE (Final cremation. the disease or condition ESPIRATORY and completely burial, cremativ reaulting in death) traumatic event, DUE_TO (OR AS A CONSEQUENCE OF): executed wi +ZIMER CERTIFICATION and Sequentially list conditions, prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the attending physician Mental Hygiene prior to 9 the death certificate other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS s has been signed by the Dept. of Health and Mm 23 shows any Inj AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO t TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to the State EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) DR ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpetient 3 | DOA of the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with marked, this 1 Natural 5 Pending Investigation 1 YES 2 NO BY death 2 Accident DIRECTOR: After 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 8 Could not be COMPLETED hours after Item 28 Is 4 Homicide Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es stated. TO THE FUNERAL D
TO THE FUNERAL D
De filed within 72 h
IMPORTANT: If II (Check only one) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(s) and menner as stated, TITLE OF CENT 29b. SIGNATURE AND 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2890 ▶ March 18, 1994 9 30. HAME AND AUDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print 5410 Conn. Ave. N.W. Jon M. Wiseman, M.D. Washington, D. C. 20015-2820 3t. DATE FILED (Number Day, Year) 32. REGISTRAR'S SIGNATURE 1994 MAR whia Davidson Mandall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-00	age 6 may be retained by the hospital or attending pl
	nours after death. F
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Frours after death. Page 6 may be retained by the hospital or attending pl

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Acuts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral directio, page 5 should be detached for use as the bunal-transit is filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Li	3.6.	n			2. DATE OF DEATH	DAY YI	3. TIME OF DEATH	
	SCWIII			14	arch 24.	1994	1 A.M.	
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	MOURE MIN	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) Jarretus V	
216_12_0307	1 € M 2 □ F	80 YRS.		1.00.00	Nov. 6, 1	1913 M	aryland	
9e. FACILITY NAME (If not institution, g		1	Db. CITY, TOWN	OR LOCATION OF DEAT	гн	Sc. COUNTY	OF DEATH	
2424 Rocks Ro			For	est Hill		H	arford Count	
RESIDENCE OF DECEDENT 10e. STATE 10b. COL		100 0177	TOWN OR LOCAL	TION!			Last marks every	
							10d. INSIDE CITY LIMITS?	
Maryland Hari	Cord County		Forest				1 X YES 2 NO	
			101	ZIP CODE			OF WHAT COUNTRY?	
2424 Rocks Ro				21050		U.S		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp	ENDENT OF HISPANIC ecity Cuben, Mexican, 2 NO Specify:		14.	RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S		16a. DECEDENT'S US	SUAL OCCUPATION	ON	16b, KIND OF BU	ISINESS/INDUST		
(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	rk done during mo retired.)	at of working	323333	111111111111111111111111111111111111111		
months y constructly (o-ta)	College (1-4 or 5+)	Shipping	Clerk		Automot	ive Su	pply Store	
17. FATHER'S NAME (First, Middle, Lest)		110		18. MOTHER'S NAME	(First, Middle, Malder		11	
Thomas Ed	lwin Mason				rnelia		Bull	
19a. INFORMANT'S NAME (Type/Print)		7 19b. MAILING A	DDRESS (Street s	and Number or Rural Rou		wn. State Zin Co.		
Mrs. Cuba E. Ma				ad, Fores				
20s. METHOD OF DISPOSITION	.3011	20b. PLACE AND DATE OF			DATE 200. LO			
1 🔀 Burtel 2 🗆 Cremation 3 🗆 F	lemoval from State	cemetery, cremetory prothe					aryland 2101	
4 Donation 8 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	I ICENSEE To somb T		II. Gard	D ADDRESS OF FACIL	A4 DeT	Energy M	aryland 2101	
			50	West Bro	advar & M	runera	I nome	
granler	value frate	5	Be	l Air. Ma:	rvland 21	014	2 001690	
Sequentially liet conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated enemis) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):								
CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF	y are					
reaulting in deeth) LAST		teasum					Sura	
	a. The state of th	(September)					0 11.3	
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 ▼ NO							24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
					-		1 - YES 3 NO NO	
25. WAS CASE REFERRED TO MEDICA				100 00 000				
EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Check				
1 YES 2 NO	1 inpetient 2 ER			e 6 2 Residence 8		and the same		
27. MANNER OF GEATH 12. Natural 8 Pending	28a. DATE OF INJ (Month, Day,)	ber) 28b. TIME	RY WC	PRK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
2 Accident Investigati		name as a		YES 2 NO				
3 Suicide 6 Could not	building, etc.	JURY — At home, ferm, str. (Specify)	eet, factory, offic	•	City or Jown, State		Rural Route Number,	
- I HOUNGING WEIGHTING								
Anni	HYSICIAN: To the best of my AINER: On the bests of exami						suse(a) and menner as stated	
29b. SIGNATURE AND TITLE OF CERT				29c. LICENSE NUMB	ER	29d. DATE SI	GNED (Month, Day, Year)	
Duku	silu MO			D292	27	Mar	ch 24, 1994	
30, NAME AND ADDRESS OF PERSON	W 4-	F DEATH (ITEM 27) (Type, P	trint)				, -//,	
Patricia A.	Dubvoski. M.	D. 1131 Be	al Air F	Road Rel	Air. Mar	vland ?	21014	
Patricia A. 31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S	SIGNATURE			g IIdl	Jacobs 2		
MAR 2 4	94 &	a Savidson-Pan	delle					
	W I	The same of the sa						

DHMH-18 Rev 1/89



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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death, Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	ERAL	In 72	T. H
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2	2	2	Ξ

1 - STATE REGISTRAR 1. DECEDENT'S NAME (F	rst, Middle, Lest)			ERTIFICAT			MENTAL HYGII REG. N	10.	3. TIME OF DEATH						
Louis	. 1		IOn K.				MONTH		EAR						
4. SOCIAL SECURITY NU	MBER	5. SEX 6.	AGE (In yrs. In:	st birthday) IF UNDE	7	MOER 24 HRS. JRS MIN.	7. DATE OF BIRTH (Month, Day, Year,		BIRTHPLACE (State or Foreign Country)						
30. FACILITY NAME (II no John L Dea	ton Hos		me.		Y, TOWN OR LO		1/27/0 DEATH	9c. COUNTY	OF DEATH City						
TOWN LIVER RESIDENCE OF D	10% COUNTY Harf	ord		10c. CITY, TOWN	OR LOCATION De G	race	, MD		10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
100. STREET AND NUMB 4115 Grav 11. MARITAL STATUS		וו דע			10f. ZIP	CODE	TEXTS.	10g. CITIZEI	OF WHAT COUNTRY?						
11. MARITAL STATUS	er HI	12. WAS DECEDENT &	VER IN U.S. AF	RMED 13.	. WAS DECENDE	2107	NNIC ORIGIN? (Specify	Yea or No- 14	USA . RACE — American Indian,						
3 X Widowed 4 🗆 D		FORCES? 1 F YES, GIVE WAR	YES 2 X		if yes, specify 1 ☐ YES 2∑	Cuban, Maxic	en, Puerto Ricen, atc.)		Specify: Black						
15. D (Specify Elementary/Secondary) 17. FATHER'S NAME (First	ECEDENT'S EDUC only highest grade (0-12)	CATION completed) College (1-4 or 5+)	16a. DE	ECEDENT'S USUAL (ive kind of work done Do NOT use retired.)	during most of (working	457	BUSINESS/INDUS	TRY						
17. FATHER'S NAME (First	Middle, Last)			Ret	ired	MOTHER'S N	Rail:								
Louis Mo						Hattie Rice									
Ruth Ho	196, INFORMANT'S NAME (Type/Print) Ruth Holmes 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) 4115 Gravel Hill Rd.														
1 Denial 2 Creme	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of completery, cremetory or other place) 20c. LOCATION — City or Town, State														
21. SECHATURE OF FUNE		Dan	Gree	ensprin 22	NAME AND AD		ACH ITY /	eard F	e Grace, MD uneral Home 2/078						
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in death)	heart failuge. 1	List only one cause	on each line	moran	or the mode o	dying, su	ch as cardiac or re								
Sequentially list con- if any, leading to imr cause. Enter UNDER CAUSE (Disease or is that initiated events resulting in death) L	nediate YING njury	Corebra	R AS A CONSE	there so	Dise	ase	. yall		years years						
25. WAS CASE REFERREI EXAMINER? 1 YES 2 NO		contributing to de		resulting in the u	inderlying cau	use given l		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
25. WAS CASE REFERRED	TO MEDICAL				26. PLACE	OF DEATH (C	theck only one)								
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 6 Residence 8 Other (Specify)															
AD 444441	5 Pending (Month, Day, Year) INJUR			28b. TIME OF INJURY M	26c. INJURY WORK?	2 NO	28d. DEŞCRIBE HO	28d. DESCRIBE HOW INJURY OCCURED							
	6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					Hice 281, LOCATION (Street and Number or Rural Route Number, City or Town, Stete)									
2 Accident	Could not be	building, etc	:. (Specify)				2 CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
2 Accident 3 Suicide 6 4 Homicide CERTIFIER 1	Could not be determined	CIAN: To the best of m	y knowledge, de				e to the cause(s) and i								

. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)							
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 NU	R: rising Home 6 - Residence	8 Other (Specify)				
MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURE				

١	2 MEDICAL EXAMINER: On the basis of	r examination and/or investigation, in my op	Minion, death occured at the time, data and	place, and due to the cause(s) and manner as state
н				
м	BATHRE AND TITLE OF COPTION		00-1100100 11111000	44.4.5.4.5.4.5.4.4.4.4.4.4.4.4.4.4.4.4.

296. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Yes			
296. SIGNATURE AND TITLE OF CENTIFIER	D38675	1 3 21	ay		

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Ret 5+ 21230 FMI MD DOEL

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 5

on ha Savidon Andell

'94

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MA				T OF HEAD		MENTAL	HYGIENI REG. NO.	-7			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH		YEAR	3. TIME OF DEATH	
	NICHOLAS	WILLIAM	MAI	RIN				-	1994	TEAR	9:56 A	М
4. social security number None	5. SEX 1 M 2 F	i. AGE (In yrs. las	t birthday) YRS.	IF UNDER		MOER 24 HRS, JRS MIN.	7. DATE (Month) 3-2	Day, 1647) 4-94		Counti	PLACE (State or Foreign y) roinia	
Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY	Y, TOWN OR LO	CATION OF D	EATH		9c. COUNT			
NATIONAL NAVAL	MEDICAL C	ENTER			BETH	IESDA			MONT	rgon	IERY	
10a. STATE 10b. COUNT	rfax				on LOCATION						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 6555 Coach Lei	gh Way				10f. ZIP 22	310				EN OF V	VHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAT	YES 2 TA			WAS DECENDED If yee, specify 1 YES 2	Çuban, Mexica	n, Puarto A		or No 1	4. RACE Black Speci	American Indian, t, Walty etc., white etc., my:	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5 +)	(G		work done	OCCUPATION during most of	vorking	16b.	KIND OF BUS	INESS/INDU	STRY		
None	None	N	one					No	ne.			
17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S NA	ME (First, M	iddle, Meiden S				
Roger Marin								sell				
19e. INFORMANT'S NAME (Type/Print)					SS (Street end No					,		
Roger Marin 20a. METHOD OFFDISPOSITION					h Leigh		Alexa		Va.			
1 Burial 2 Cremation 3 Rem	noval from State	cemetery, cre	matory or o	ther place))_		DATE	100				
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	North	ern		Cremato NAME AND A		WHUX		lingto	on	va.	_
23. PART I. Enter the diseased, or	ocel .				3901 N	. Fair	fax I	r. Ar	L. Va			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (CO DUE TO (CO TR	NGESTIVER AS A CONSECUTION OF AS A CONSECUTION	AL HE DUENCE O	f): EART f):						5.	Onset and De	eth
resulting in death) LAST	d											
PART II. Other algolificant condition	na contributing to d	eath but not r	esulting	In the ur	inderlying car	ise given in	Part I.	24a. WAS AN A PERFORM	MED?	246	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	T .			_	28. PLACE	OF DEATH (Ch	eck only one)				
EXAMINER? 1 YES 2/ NO	HOSPITAL:	R/Outpetlant 3	□ DOA	OTHE:								
27. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE OF IN (Month, Day,		28b. TIN		28c. INJURY WORK? 1 YES	AT		CRIBE HOW IN	JURY OCCU	PRED		
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF building, et		me, farm,	street, fec	ctory, office			TION (Street e r Town, State)	nd Number o	r Rural I	Route Number,	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI) end menner as stated	1.
296. SIGNATURE AND TITLE OF CERTIFIE	Klin.	9			290	D-3218			29d. DATE	SIGNED	(Month, Day, Year) 28,1994	1
30. NAME AND ADDRESS OF PERSON WE R. L. LEVINE, CA	O COMPLETED CAUSE	OF DEATH (ITE	М 27) (Туре	, Print)		NATIO	DNAL	NAVAL MD 208			CENTER	
31. DATE FILED (Month, Day, Year) APR 07 19	32. REGISTRAR	S SIGNATURE	Rand	ell.				1			,	

DHMH-16 Rev 1/89

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT MILLISON ROBE	ERT E.	MILLISO	N	2. DATE OF DEATH DO	5 - 94°	3. TIME OF DEATH 8':20 PM		
	268-12-2868 1 X M 2 G F	(In yrs. last birthday) 7 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT. 9, 19	Cour	THPLACE (State or Foreign titry)		
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) SUBURBAN HOSPITAL RESIDENCE OF DECEDENT		96. CITY, TOWN O	DR LOCATION OF DE	EATH	9c. COUNTY OF MONTGO			
입 입	10e. STATE 10b. COUNTY	Inc CIT	Y, TOWN OR LOCAT	TION			10d, INSIDE CITY		
	MARYLAND MONTGOMERY 100. STREET AND NUMBER		LVER SPE	RING			1 YES 2 NO		
FUNERAL	3526 HARGO STREET			ZIP CODE 2090		6 USA			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 X NO	If yes, sp		HIC ORIGIN? (Specify Yes n, Puerto Rican, stc.)	Bia	CE — American Indian, ck, Whita, etc. city: WHITE		
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUSTRY	WILLE		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) 1 1 College (1-4 or 5+)	MECHANI	ŕ	st of working	METRO				
ō	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)			
BE	JOHN MILLISON 190. INFORMANT'S NAME (Type/Print)		ADDRESS (Street a	JESSIE	Route Number, City or Tow	BAGNA	<u>L</u>		
2	ELIZABETH H. MILLISON						0006		
					LVER SPRIM				
	1 ABurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	b. PLACE AND DATE Of metery, crematory or of GEORGE WA	SHINGTON	CEMETER	DATE 20c. LO RY 3/18 ADI				
	21. SIONATURE OF FUNERAL SERVICE LICENSEE		FRANCI	O ADDRESS OF FA	LINS FUNER	RAL HOME	, INC. SP., MD 2090:		
	23. PART I. Enter the diseases, or complications that cause shock, or heart fallure. List only one cause on a	d the death. Do n	ot enfer the mo	de of dying, suc	h es cardisc or respi	ratory arrest,	Approximeta		
	IMMEDIATE CAUSE (Final		ENAL I	FATURE			Interval Between Onset and Death		
z	disease or condition a. END STAGE RENAL FAILURE DUE TO (OR AS A CONSEQUENCE OF): LOWER GATROINTESTINAL BLEED								
CATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.								
CERTIFICATION	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions contributing to death i	hut not reculsing I	m ébu conductor	e agrical at the to-	Date las man				
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 460 OF D								
ÿ.									
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Vigoriant 2 FR/Out		OTHER:	ACE OF DEATH (Ch					
₹	1 YES 2 NO 1 Notinetiant 2 ER/Out 27. MANNER OF DEATH 28s. DATE OF INJURY				8 Other (Specify)				
BY P	1 Natural 5 Pending (Month, Oay, Year) 2 Accident Investigation	28b. TIMI INJ	URY WO	RK? /ES 2 ND	28d. DEŞCRIBE HOW II	NJURY OCCURED			
_ #	3 Suicide 8 Could not be datermined 28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, s cify)	nome, farm, street, factory, offica		281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of exemination	on and/or investigation	n, in my opinion, d	eath occured at the	time, data end place, an	d due to the couse	(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	IBER	29d DATE SIGNE	D (Month, Day, Year)		
TO BE	Alpanagona 1	~9)-27	660	▶ 3/1€	(Month, Oay, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE ALPANA GOSWATTI, 840	COLETV	Print) ILE RO	AD SIL	IER SPRING	MD 2	10910		
	29b. SIGNATURE AND TITLE OF CERTIFIER ALPANA GOLUMNI SUM SUM SUM SUM SUM SUM SUM SUM SUM SUM	-Randell							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: Il Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH	3. TIME OF OEATH				
	MARGIE MOOR	E		March 18	1994 5:30 P. M				
		GE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 22,194	8. BIRTHPLACE (State or Foreign Country)				
R	9e. FACILITY NAME (If not institution, give street end number) 2805 - 63rd. Ave.		96. CITY, TOWN OR LOCATION OF D Cheverly		Prince George's				
8	RESIDENCE OF DECEDENT								
DIRE	W.VA. Kanawha		town or Location narleston		10d, INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL DIRECTOR	100. STREET AND NUMBER 1519 Dixie Street		101. ZIP CODE 25311	1	Og. CITIZEN OF WHAT COUNTRY? United States				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	en, Puerto Rican, atc.)	No- 14. RACE — American Indian, Black, White, etc. Specify: Black				
	15. OECEDENT'S EDUCATION	18a. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BUSINI	ESS/INDUSTRY				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	rk done during most of working retired.) Care Provider	1.00.00	ent of Welfare				
0	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	AME (First, Middle, Melden Sur					
	James McClure			Hattie Pop	e				
BE (19a, INFORMANT'S NAME (Type/Print)	19b. MAILING A	ADDRESS (Street and Number or Rural						
임	Diane Dawkins		3rd. Ave., Cheve						
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF	DISPOSITION (Name of		TION — City or Town, State				
	t Buriel 2 Cremetion 3 X Removal from State 4 Donation 5 Other (Specify)	Grandvie	er place! W Cemetery	3/94 Cha	rleston, W.VA.				
	21. BIGHATURE OF FUNERAL SERVICE LICENSEE	1-16	22. NAME AND ADDRESS OF FA	eral Service	Inc.				
_	23. PART I. Enter the diseases, or complications that cau	ull			ash.,D.C. 20012				
_	IMMEDIATE CAUSE (Final disease or condition resulting in death)	AS A CONSEQUENCE OF	Gall Blag		interval Between				
CERTIFICATION	Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
B	d								
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1 NO								
z									
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C)	neck only one)					
PHYSICIAN:	1 VES 2 NO 1 Inpatient 2 ER/C		Nursing Home 5 Vi Residence						
ву Рн	1 Netural 5 Pending Compared Pending Accident Investigation	er) INJU	M 1 YES 2 NO	28d. OEŞCRIBE HOW INJU	PRY OCCURED				
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJI building, atc. (URY — At home, farm, str Specify)	eet, factory, offica	26f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kill one) 2 MEDICAL EXAMINER: On the best of examiner								
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	M	29c. LICENSE NU	MBER 21	Pd. DATE SIGNED (Month, Div. Year) 3 20 94				
	CLARA CHAN 752	5 Green	way Center	Dr. Gra	renbelt MD				
	MAR 2 3 1994 Julia Day	IGNATE Endall			,				

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician and compacts that the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, demandal examiner must be notified at once.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	Я	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	C. 2017				2. DATE OF	DEATH			3. TIME OF DEATH		
	Malvea Joan Ligh	ntsey Mens	ah			March	19,	1994	YEAR	9:37 P w		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HTRI		S. BIRTI	HPLACE (State or Foreign		
	240-62-8521	1 🗆 M 2 🖾 F	51 YRS.	MONTHS DAYS	HOURS MIN.	(Month, De		1 9 9 /4	Nor	th Carolina		
	Se. FACILITY NAME (If not institution, give a	treet end number)	9b. CITY, TOWN	OR LOCATION OF DE		1,0		NTY OF D				
۳ ا	Holy Cross Hospit	mery										
Ĕl	RESIDENCE OF DECEDENT			DILVE	r Spring			1101	regor	mely		
DIRECTOR	10e. STATE 10b. COUNT		10c. CIT	CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
		e Georges	Ade	elphi				1 X YES 2				
≰	10a. STREET AND NUMBER		10	f. ZIP CODE			10g. CIT	ZEN OF V	WHAT COUNTRY?			
	9317 Riggs Road				20783			Uni	ted	d States		
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN Decity Cuben, Mexica	HC ORIGIN? (S	pecify Yes	or No-	14. RACI	E — American Indian,		
2	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			3 2 XNO Specify		1, 11(6.)	LVII.	Spec	alfy:		
_										Black		
ETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of v	work done during m	ON ost of working	16b, KIN	D OF BUS	SINESS/INC	USTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us									
COMPL	17, FATHER'S NAME (First, Middle, Lest)	4	Secreta	iry			_					
	Joseph H. Lightse	***			18. MOTHER'S NA			Surname)				
BE		e y			Ruth M							
2	100. INFORMANT'S NAME (Type/Print) Rona Mensah				end Number or Rural I					1 01701		
	204. METHOD OF DISPOSITION									and 21701		
	1 A Buriel 2 Cremetion 3 Rem	oval from State	cametery, cramatory or of George Was					CATION —				
	4 Donation 5 Other (Specify)	FINSEE O	George was		ND ADDRESS OF FA	743/94	Add	elphi	. , Ma	aryland		
	16/00	.///			re Funera		vice	. Inc				
	1/2011110	19 m	7	7400	Georgia A	Ave. N.	.W	Wash	ingt	ton, D.C.		
	28. PART I. Enter the diseases, or	complications that co	aused the death. Do n	not enter the m	ode of dying, suc	h aa cardlac	or respi	ratory an	oat,	Approximate		
	ahock, or heart failure. IMMEDIATE CAUSE (Final			C A						Interval Batween Onset and Death		
	disease or condition resulting in death)	110	er failu	10						14 clays		
	resorting in death)		AS A CONSEQUENCE OF	F):						11 11101761		
z		meta.	spic ca	lur						16 1400114		
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEQUENCE OF							4 4200		
HILLICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	a								/		
=	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	F):								
CER	Todating in double Exist	d										
- 11	PART II. Other significant condition	a contributing to de	ath but not resulting i	In the underlyir	g cause given in	Part I. 24s	. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS		
3							PERFOR	. /		AMAILABLE PRIOR TO COMPLETION DF CAUSE		
MEDI						_ 10	YES 2	[P-MO		OF DEATH?		
						_				1 TES 2 NO		
Z	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Ch	ack anty anal		_				
SICIAN:	EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:								
РНУ	27. MANNER OF DEATH	28e. DATE OF INJ	URY 28b. TIM	E OF 28c. IN	ne 5 Residence	28d. DESCRI		NJURY OC	CURED			
2	1 Natural 5 Pending	(Month, Day,	Year) INJ	URY	YES 2 NO							
0	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF IN	IJURY — At home, farm, a			28f. LOCATIO	N (Street a	nd Number	or Rural	Boute Number		
3	4 Homicide 8 Could not be determined	building, atc.	. (Specify)	, , , , , , , , , , , , , , , , , , , ,			wn, State)		5. 1.6.6.	1000011000,		
4	29a. CERTIFIER											
COMPLETED	(Check only		knowledge, death occurre									
5		-	ination and/or investigation	n, in my opinion,	death occured at the	time, date end	place, en	d due to th	e cause(i	s) end manner ee stated.		
U 0	296 SIGNATURE AND TITLE OF CERTIFIE	1/100	as 1		D2/46	ABER		29d. DAT	E SIGNED	(Month, Day, Year)		
2	1800 a 9.	010000	and a			,		> 3	10	179		
-	30 NAME AND ADDRESS OF RERSON WH	COMPLETED CAUSE	OF DEATH (ITEM 27) (TYDE	ABOX S	ILVER SPRI	NG- 11/	1209	62-				
					(- //	/						
	MAR 2 3 1994	Fire Taria	SIGNATURE									
		4	W + retailed									



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERIIF	ICALE	: OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Betty Ott Meining	ger						MONTH	h 19,	199	YEAR	3. TIME OF DEATH 12:40 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	ast birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE O				HPLACE (State or Foreign
	216-44-7021	1 M 2 X F	82	YRS.	MONTHS	DAYS	HOURS MIN.	(Month,	Day, Year)	1911	Count	nsylvania
	9a. FACILITY NAME (If not institution, give a				9b. CITY		OR LOCATION OF DE	ATH		9c. COL	JNTY OF C	DEATH
FUNERAL DIRECTOR	Suburban Hospital		Bethesda Montgo					omery				
티멀	RESIDENCE OF DECEDENT											
E				10c. CIT								10d. INSIDE CITY LIMITS?
9		lontgomer	У		Cn		Chase					1 YES 2 NO
₹	10e. STREET AND NUMBER			10	. ZIP CODE					WHAT COUNTRY?		
ÿ.	3506 Turner Lane						2081	5		Uni	ited	States
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A				ENDENT OF HISPAN			or No-	14. RAC	E — American Indian, k, White, etc.
B≼	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE Y					2X NO Specify		carr, etc.,		Spec	
COMPLETED	15. OECEDENT'S EDU		16a. D	ECEDENT'S	USUAL O	CUPATION	ON	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
Fi	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Bit Side	a. Do NOT u	work done (se retired.)	during mo	st of working					
ם		2		Sec	reta	ry		. ט	S. Go	verr	ment	
S S	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, M	ddle, Maiden	Sumame)		-
0	David William Ott						Carrie	Adela	Lesh	er		
BE	19e. INFORMANT'S NAME (Type/Print)		11	Pb. MAILING	ADDRESS	(Street a	and Number or Rural F				in Code)	
2	Carl R. Meininger						ane, Che					20815
	20a. METHOD OF DISPOSITION 1										rvland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Month									rey Funeral yland 20814-		
	23. PART i. Enter the diseesea, or o	complications the										
	shock, or heart fellure.	List only one ceu	ise on eech lin	eath. Do i	not enter	the mo	de of dying, suci	h aa cardl	ac or respi	ratory ar	rreat,	Approximate interval Between Onset and Death
-	disease or condition resulting in deeth) Rupture of Abdominal Aortic Aneurysm								hours			
ı	DUE TO (OR AS A CONSEQUENCE OF):											
z												
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate											
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.										
<u>u</u>	that initieted eventa	DUE TO	(OR AS A CONSE	OUENCE O	F):							
	reaulting in deeth) LAST	d										
Ö	DART II Ohen similiaans oondisaa			1.1								
¥ I	PART II. Other aignificent condition	s contributing to	death but not	resulting	in the un	derlyin	g cause given in	Part I.	24a. WAS AN PERFOR		248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음								_	1 YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
ME								_				1 YES 2 NO
z												
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (Ch	eck only one)			
S	1 X YES 2 NO	HOSPITAL:	ER/Outpetlant	3 🗆 DOA	OTHER 4 Nun		e 5 Residence	8 🗆 Other	(Specify)			
ξI	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIN			URY AT	28d. DEŞC	RIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(MOFRIT, L	nay, rear)	IN.	JURY M		YES 2 NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY — At h	ome, term,	atreet, fact	ory, offic					er or Rural	Route Number,
世	4 Homicide determined	building,	atc. (Specify)				ĺ	City o	Town, State)			
91	29a. CERTIFIER . M CERTIFYING DUVE	01411 7- 11-1-1-1										
₹ I	(Check only one) 298. CERTIFYING PHYSI (Check only one)											
COMPLETED	2 MEDICAL EXAMINE		Autimolium end/or	mvestigatio	n, in my o	pinion, c	warn occured at the	time, date i	ind place, en	a due 10 t	ne cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	B ()		1			29c. LICENSE NUN	IBER				(Month, Day, Year)
	Muth Klobs	15-106	err				13319	77		Ma	arch	21, 1994
임	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITI	ЕМ 27) (Туре	, Print)							
	Kuth Kevess-(1	ohen N	D. 87	00 Ge	orgi	a A	7e., #400	, Si	lver S	Sprin	ng, M	1D 20910
	31. DATE FILED (Month, Day, Year)	32 REGISTR	B'S SIGNATURE					_		-		
	MAR 2 3 1994	gulia D	aurdson-A	massi								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with thours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

...

_	FOR 1 - STATE REGISTRAR	STATE OF MA				HEALTH AND F DEATH	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last) HENRY CL	AUDE	MEL	LET	TTE			DAY	YEAR 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 243-24→7525	5. SEX 1 M 2 F 6 7 YRS. MONTHS DAYS				7. DATE OF BIRTH		8. BIRTHPI Country)	CAROLINA		
HOT.		98. FACILITY NAME (If not institution, give street and number) 8601 SEVEN LOCKS RD.					DEATH	9c. COU	INTY OF DEA		
DIRECTOR	MD . MON	TGOMERY		10c. CITY,	TOWH OR LOC	ATION HESDA	LIMIT				
FUNERAL	100. STREET AND NUMBER 8601 SEVEN 11. MARITAL STATUS	LOCKS F			20817 U					A .	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 NO DATES	MED IO	13. WAS DI	can, Puerto Rican, etc.)	NIC ORIGIN? (Specify Yes or No— an, Puerto Rican, etc.) 14. RAC Ble Spe					
COMPLETED	15. DECEOENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	ve kind of wor Do NOT use							
	5+ PSYCHIATRIST PSYCHIATRY 17. FATHER'S NAME (First, Middle, Last) FRANCIS MARION MELLETTE FLOY BETHEA										
TO BE	FRANCIS MARION MELLETTE FLOY BETHEA 19a. INFORMANT'S NAME (Type/Print) STEVEN MELLETTE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1417 JULIANA PL., ALEXANDRIA, VA. 22304										
Must be	20a. METHOD OF DISPOSITION 1 General 2 Committee 3 General Committee (Specify)		20b. PLACE A	NDDATEOF	DISPOSITION /	Name of ATORY	3/17 20c. L	OCATION -	City or Town	n, Stata	
exem	21. SIGNATURE OF FUNERAL SERVICE LIC	ambei	A M	00091		AND ADORESS OF	EACH CTV	SILVE	ER SP	RING, MD 20910	
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory strest, shock, or heart feliure. List only one ceuse on each line. Approximats interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significent condition	PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PROPRIED? 1 YES 2 NO 24b. WER AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3		THER:	PLACE OF DEATH (Come 5 The Residence	Check only one) 8 Other (Specify)				
M M	27. MANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. DATE OF IN. (Month, Day,	Year)	28b. TIME (M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW				
LETED	4 Homicide determined	building, atc	. (Specify)				28f. LOCATION (Street City or Town, State as to the cause(a) and mu)		ite Number,	
COMPLET	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of axer					ne time, data and placa, a	nd due to th	ne cause(a) a		
TO BE	30. NAME AND ADDRESS OF PERSON WHO	May	le fo	2/			099	DAT	S T S	Torth, Day, Year)	

30. NAME AND ADDRESS OF PERSON
FRANCES
31. DATE FILED (Month, Day, Year)
MAR 1 7 1994

32. REGISTRAR'S SIGNATURE who Davidson Randall

the hos	detach		once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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after de	y the f	noval	cal ex
HOURS	q ui p	Or ren	medi
in 24	ely fille	nation,	, the
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executi	and c	o buria	natic
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ertifica	ing ph	ygiene	other
death o	affend	mtal H	ry, 0r
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The lan	te has	ate Deg	em 23
CIAN:	ertifica	the St	07 15
PHYS	this c	with	rrked,
DING	After	death	is ma
ATTEN	ECTOR	s after	1 28
AL OR	IL DIR	2 hour	t Item
OSPITA	UNERA	ithin 7,	INT: 1
THE H	THEF	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORT/
2	2	8	IM

	Amendea #9a, 3/22/94, GAS, Mor. 1 - FOR STATE OF MARYL REGISTRAR	AND / DEPARTMEN	IT OF HEALTH AND N E OF DEATH						
	1. DECEDENT'S NAME (First, Middle, Last) Harry Milzman	CENTIFICAT	E OF DEATH	2. DATE OF DEATH MONTH 0. 3 - 19	AV YEAR	3. TIME OF DEATH 1:27 a M			
	219-05-8181 1 IXM 2 □ F	(In yrs. last birthday) IF UNDE 82 YRS. MONTHS	ER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	a. BIRT	HPLACE (State or Foreign nitry) Russia			
TOR	9a. FACILITY NAME (If not institution, give street and number) Edward Sagel Funeral D HOLV Cross Hospital RESIDENCE OF DECEDENT		y, town or location of de Silver Spr		9c. COUNTY OF Montg	omery			
DIRECTOR	Maryland Montgomery	10c. CITY, TOWN Silv	or Location er Spring			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1121 University Boulev		20902		United	WHAT COUNTRY? States			
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR D	2 NO	. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexican 1 YES 2 NO Specify.	, Puerto Rican, etc.)	ck, White, etc. white				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Vears	(Give kind of work done life. Do NOT use retired.)	DENT'S USUAL OCCUPATION kind of work done during most of working o NOT use relied.) esident of company demolition						
BE COM		Sumame)							
TO B		oute Number, City or Town	n, State, Zip Code) Silver	Spring, M					
	TX Burlel 2 Cremation 3 Removal Irom State 4 Donation 5 Other (Specify)	o. PLACE AND DATE OF DISPO netery, crematory or other place, Menorah Ga	rdens	3/20/94	cation – city or t Rockvi	Own. State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Eduad	Ed.	ward Sagel	Funeral	Direct	ion			
	23. PART I. Enter the diseases, or complications that ceuse shock, or heart failure. List only one cause on e IMMEDIATE CAUSE (Final disease or condition resulting in death)	d the deeth. Do not enter each line.	r the mode of dying, auch	an cardiec or respi	ratory arreat,	Approximate interval Between Onset and Death			
CERTIFICATION		Cardiany	10 party 2	o to Ah	4UR	Years			
SERTIF	that initiated events reaulting in deeth) LAST	A CONSEQUENCE OF):							
MEDICAL	PART II. Other algnificent conditions contributing to death be	ut not resulting in the u	nderlying ceuse given in f	Part I. 24s. WAS AN PERFOR 1 YES 2	IMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
YSICIAN:		patient 3 DOA 4 Nur	26. PLACE OF OEATH (Chee R: raing Home 5 Realdence 8						
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY M	WORK? 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED				
ETED	4 Momicide detarmined building, etc. (Spec			261. LOCATION (Street a City or Town, State)		Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my know one)					a) and manner as steted.			
TO BE	296. SUCANURE AND TITLE OF CERTIFIER		29c. LICENSE NUM	808	29d. DATE S/GNED	(Month, Day, Year)			
	14 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print) 10313 (Peo 19	ia Are Si	luer Spri	ing M	ol 20962			

Jak. MEGISTMARIS SIGNATUME
JUNE WAY OLSON MANDE

MAR 2 2 1994

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERT	IFICATE OF	DEATH	REG. NO.					
	t. DECEDENT'S NAME (First, Middle, Last) ELWOOD	С	MARTIN		2. DATE OF DEATH DATE OF DEATH DATE	7 = 9 YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 212-18-0912 1x34 2 □ F	6. AGE (In yrs. lest birthe 81 YF	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 7/21/19	12 a. BIRT	MARYLAND			
TOR	99. FACILITY NAME (If not institution, give street and number) CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER 9c. COUNTY OF DEATH PCARROL PRESIDENCE OF DECEDENT 9c. COUNTY OF DEATH CARROL									
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE									
	MARYLAND CARROL	L L		HAMPSTE	AD		1 YES 2 NO			
FUNERAL	4000 GILL AVE.		101. ZIP CODE			1074 TO 109. CITIZEN OF				
ВХ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? to IF YES, GIVE WITH WITH WITH YES, GIVE WITH WITH WITH YES, GIVE WITH WITH YES, GIVE WITH WITH YES, GIVE W	TEVER IN U.S. ARMED YES 2 NO AR OR DATES	ES 2 NO If yes, specify Cuban, Maxican			n, Puerto Rican, etc.) Black				
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	(Give kin	NT'S USUAL OCCUPATION		t6b. KIND OF BUS	SINESS/INDUSTRY				
1 1	Elementary/Secondary (0-t2) College (t-4 or 5 + 12 2)	OT use retired.) T METAL		CONST	RUCTION	F			
8	t7. FATNER'S NAME (First, Middle, Last)	DIIDD	1 HUIAU	18. MOTNER'S NA	ME (First, Middle, Maiden					
BE C	CALEB ED	WARD MAR	TIN	MA	RY ELLEN	WINK				
10	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town					
	EDWARD L. MARTIN				MPSTEAD, MD. 21074 OATE 20c. LOCATION — City or Town, State					
Ų	20e. METHOD OF DISPOSITION	cemetery, crematory			1					
	21. BIGHATURE OF PUNEDAL SERVICE LICENSEE	GRACE	2	NO ADDRESS OF FA	ELINE	FUNERA				
-	23. PART I. Enter the diseases, or complications that	August the death	934	S. MAIN	ST., HAI	MPSTEAD	MD.21074			
	ehock, or feart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. CEREBRAL INFARCT (ON 3down)									
2	OUE TO (OR AS A CONSEQUENCE OF):									
CATIO	Sequentially list conditions, If ery, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.									
CERTIFICATION	that initiated events resulting in death) LAST	OR AS A CONSEQUENC	CE OF):							
n	PART II. Other significant conditions contributing to	deeth but not result	ing in the underlyin	g cause given in	Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
ÿ										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	ACE OF OEATH (Che	eck only one)					
HYS	27. MANNER OF DEATH 28s. DATE OF	ER/Outpatient 3 - 00	OA 4 Nursing Nor	B 5 Realdence	6 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCURED				
	1 Natural 5 Pending (Month, Da		INJURY WO	PRK?						
TED BY	3 Suicide 28e. PLACE OI	INJURY — At home, fa atc. (Specify)	arm, street, factory, offic	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) t CERTIFYING PNYSICIAN: To the best of examiner: On the basis of ex						(a) and manner as stated.			
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN			D (Month, Day, Year)			
TO BE	30. NAME AND AGORESS OF PERSON WNO COMPLETED CAUS	W/Q	/Tone Origin	D18:	col	13	182194			
	CHITRACHEDY N	ACIANN	1A 700	A pool	erd u	verton	megon 2			
	31. DATE FILED (Month, Day, Year) 22. REGISTRA	R'S SIGNATURE	•							

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L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacts		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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signe	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	W.
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) BABY BA)/	MANNE	22	2. DATE OF DEA	24 94	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F 9. AGE (In yrs. last birthday) 1 P UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year), 3 - 2 4 94 Cluster 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morith, Day, Year), 3 - 2 4 94 Cluster 6. BIRTINEL Country)										
TOR	PRINCE OF DECEDENT	. 11	Center (MENERLY,	md	Prive					
DIRECTOR	10e. STATE 10b. COUNT	e Georges	New C	n on Location arrollton			10d. INSIDE CITY LIMITS? 1 V YES 2 NO				
ERAL	8314 Stanwood Str	eet		101. ZIP COOE 20784		10g. CITIZEN	OF WHAT COUNTRY?				
BY ENNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	3 NO	3. WAS DECENDENT OF HISP. If yes, specify Cuben Mixin 1 YES 2 NO Specify Speci	c.)	4. RACE — American Indian, Black, White, etc. Specify: Black					
COMPLETER	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	RY									
	17. FATNER'S NAME (First, Middle, Last)	none	16. MOTNER'S N	ME (First, Middle, M	laiden Surname)	ESS BELL					
TO BE	10a INFORMANT'S NAME (Resolved)										
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 6 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, cemetery, crematory or other place)										
	•			2. NAME AND ADDRESS OF F							
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) . Respiratory Faulure										
NO	Due fro (OR AS A CONSEQUENCE OF): Sequentially list conditions, Die fro (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):								
AL CER	PART II. Other eignificent condition	d	ut not raculting in the	underlying ceuee given is	1 Part I. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICA					PE	RES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	HOSPITAL:	etlent 3 🗆 DOA 🔥 🗀								
놙	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	ursing Home 5 Residence 28c. INJURY AT WORK?		OW INJURY OCCURE	0				
ВУ	1 Netural 5 Pending 2 Accident Investigation	(MOINT, Day, real)	M	1 YES 2 NO							
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— Al home, ferm, street, fi	actory, office	281. LOCATION (S City or Town,	treet end Number or Ru State)	ral Route Number,				
COMPLETED	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowless. On the basis of examination					se(s) end menner ee stated.				
TO BE	296. SIGNATURE AND THE OF CERTIFIER 30. NAME AND AGORESS OF PERSON WH	(not wish, MD D27628 > 03-2									
	100 halilla	G. Fratt	UNOLA, P	1.D. Ch	everly	, Md	20785				
	31. DATE FILE MAR. 3 0 1994	32, REGISTRATES SIGNA	N-Pondell	*	J						

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> Approximata Interval Between **Onset and Desth**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Magyland 20657

2. DATE OF DEATH MONTH MArch 22, 1994

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Miriam Keimig Martin

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	
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~~~		4. SOCIAL SECURITY NUMBER 217 14 5664	5. SEX 1 ☐ M 2 🔀 F	8. AGE (In yrs	last birthday)	IF UNDER	t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	Day, Year)	1	Country)	ACE (State or Fore)
		9a. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH						0 19			land		
( iJ a	Dœ.				h							TY OF OEA	TH
	СТОР	Calvert County	Nursing	g cen	cer	prin	ice	Freder	LCK		Calv	ert	
1	E S	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCA	TION				10	d. INSIDE CITY
	DIRE	Maryland Calve	ert		Pr	ince	F	rederic	c			1	LIMITS?
, permit.		10e. STREET AND NUMBER					_	M. ZIP CODE			10g. CITIZ		T COUNTRY?
菱	FUNERAL	85 Hospital Road 20678									US	A	
-AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit once.	BY	11. MARITAL STATUS 1 Nover Married Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ES 2X NO If yes, specify Cuben, Mexican, Puer						IGIN? (Specify Yee or No- rio Rican, etc.)  14. RACE - American Indian Black, White, etc.  Specify: White		
1215 r aften use as	ETED	15. DECEDENT'S EDU (Specify only highest grade		16e	DECEOENT'S			ION lost of working	16b. K	IND OF BUSI	NESS/IND		
21 g or u	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	ourny m	lost or working					
MARYLAND retained by the hospit 5 should be detached notified at once.	COMPL	12		Co	ommer.	ical	. C1	redit	В	anki	ng		
AN detact	8	17. FATHER'S NAME (First, Middle, Last)			***			18. MOTHER'S NA	ME (First, Mid	Idle, Maiden S	iumame)		
Z & & W	BE	William George	Keimig					Jeannie	Hil	debra	andt		
MAR retained 5 should notified	0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRESS	Street	end Number or Rural F	Poute Number,	City or Town,	State, Zip	Code)	
	F	Allen Keimig			P.O.	Box	44	49 Lusby	, Ma	ryla	nd 2	0657	
Hay be		20a. METHOD OF DISPOSITION	- To Table	20b. PLA	CE AND DATE	OFDISPOS			DATE	E 20c. LOCATION — City or Town, State			
BALTIMORE, in the formation of the funeral director, page val.	- 3	Burlat 2 Cremation 3   Removal from State   cemetery, crematory or other place) 3/22/94											
No. Page	- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											irginia
ALTIN death. Pag s funeral di f.	- 2	· BRN	100						Raus	sch Fu	inera.	l Hom	e
m - 2 m		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approx											MD
50, within 24 hours pietely filled in to cremation, or referent, the median		Approximate interests, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):											
P.O. BOX 68 ath certificate be executed physician and all Hygiene prior to bur or other traumatic.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):											
RECORDS requires that the been signed by the t. of Health and M shows any Injury	MEDICAL	PART II. Other algolificant condition	a contributing to	contributing to death but not resulting in the underlying cause given in						Part I. 24a. WAS AN AUTOPSY PERFORMED? 24		AV CC OF	ALABLE PRIOR TO MIPLETION OF CAUST DEATH?  YES 2 NO
TAL f The law ite has b are Dept.	CIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH (Chi	ck only one)				
	Sic	EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatien	3 🗆 DDA	OTHER	3:	ne 6 🗆 Residence		Panalli I			
ON OF VIT ING PHYSICIAN: after this certifical eath with the Sta marked, or Ite	PHYSIC	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, D	INJURY	26b. TIN		28c. IN.	JURY AT ORK?		RIBE HOW IN.	JURY OCCI	JRED	
TISIC TTEND TTEND TTOR: A after d	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE O building,	28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. L building, etc. (Specify)						Bt. LOCATION (Street end Number or Rural Route Number, City or Town, State)			Number,
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC Se filed within 72 hours IMPORTANT: If Item	COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner as a										d menner se state	
# # B B C	BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, L										onth, Day, Year)	
한 단 점 <b>X</b>	TO B	Charles W. Bennett 41.D. 025156 March 22,1									2.1994		
,	F	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (	TEM 27) (Type								
10		Charles	W, Benne	tt, MD	11845	H.G	. T	rueman Ro	l. Lus	by. M	aevla	and 2	0657

32. REGISTRAR'S SIGNATURE Julia Savidson-Randalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit be filled within 72 hours after death with the State Dept. of Meath and Mental Hygiene prior to burlal, cremation, or removal.	natic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL	HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last JOSEPH LEO MOXE	,				MONTH	OF DEATH		3. TIME OF DEATH A 11:15 M	
	4. SOCIAL SECURITY NUMBER 218-34-8149  9a. FACILITY NAME (If not institution, give	1XXM 2 □ F 5	6 YRS.	Dey, Year)	1937 MARYLAND					
TOR	DORCHESTER GENER			CAMBRII		DEATH		DORCH		
DIRECTOR	MARYLAND DORG	CHESTER		ST NEW				4	10d. INSIDE CITY LIMITS? 1  YES 2XX NO	
FUNERAL	3513 AEBERLE ROA	,D		101	216	31		109. CITIZEN	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 N YES IF YES, GIVE WAR OR	2 NO	If yes, sp	ENDENT OF HISP ecify Cuban, Max 2 XNO Spe	ican, Puarto R	? (Specify Yes ican, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12) 1.2	OUCATION de completed) College (1-4 or 5+)	Ille. Do NOT us	ork done during mo	st of working		STRIB	SINESS/INDUST	rry	
BE CO	17. FATHER'S NAME (First, Middle, Last)  JOSEPH NATHANIEI	MOXEY			MARY C.	ATHERI	NE LO	UCH		
10	196. INFORMANT'S NAME (Type/Print)  CONSTANCE L. MOXEY  196. MAILING ADDRESS (Street and Number or Rural Flourie Number, City or Town, State, Zip Code)  3513 AEBERLE ROAD, EAST NEW MARKET, MD 21631									
	20b. PLACE AND DATE OF DISPOSITION 1 XI Burla! 2 Cremetton 3 Hermanial from State 4 Donestion 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State									
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ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	. List only one cause on	A CONSEQUENCE OF				lec or reapi	retory arrest	Approximate Interval Between Onset and Death	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significent condition	na contributing to death	but not resulting is	n the underlying	g cause given	In Part I.	24a. WAS AN PERFOR 1 YES 2	IMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2/2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☐ YES 2 ☑ NO	HOSPITAL:		OTHER:	ACE OF DEATH (					
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending	1 is Inpetient 2 ER/Ou  26a. DATE OF INJURY (Month, Day, Year)	25b. TIME	JRY WC		7		NJURY OCCUR	EO	
	2 Accident investigation 3 Suicide 6 Could not be determined  25a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  25a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	one)	SICIAN: To the best of my knower. On the basis of examination							nuse(s) and manner as stated,	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIC  COMPANY  30. NAME AND ADDRESS OF PERSON W	1. Harris M	nn		29c. LICENSE N		7	29d. DATE SI	GNED (Month, Day, Year)	
	ROSEMARY M. HAR	RIS, M.D. 40	8 BYRN ST	REET, CA	AMBRIDG:	E, MD	21613		FRANK	
	MAR 25 '94	32. REGISTRAR'S SIG	clain-Randal	2						





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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Problem within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIENE REG. NO.	Ε	
	1. DECEDENT'S NAME (First, Middle, Last) I AMES	Moulde	JAME	S L. MO	ULDEN	2. DATE OF DEATH MONTH DAY	year/	3. TIME OF DEATH 2343 M
	4. SOCIAL SECURITY NUMBER 214-66-3983	1 🖾 № 2 🗆 F	In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 22 1953	Count	HPLACE (State or Foreign hy) YLAND
TOR	88. FACILITY NAME (If not institution, give s  ANNE ARUNDEL MED  RESIDENCE OF DECEDENT			ANNA PO	LIS	ATH	ANNE A	
- DIRECTOR		Y E ARUNDEL		ANNAPOL	IS		10d. INSIDE CITY LIMITS? 1 YES ZXX NO	
FUNERAL	100. STREET AND NUMBER 1858 BOWMAN COURT			101	21401		10g. CITIZEN OF V	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XXND	If yes, spe	ENDENT OF HISPAN ecity Cuban, Mexican 2XXNO Specify:	IC ORIGIN? (Specify Yes i, Puerto Rican, etc.)	Black	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	IIIe. Do NOT use	ork done during mo: retired.)		16b. KIND OF BUS	INESS/INDUSTRY	
OMP	10th 17. FATHER'S NAME (First, Middle, Lest)		TRUCK D	RIVER	18. MOTHER'S NAM	WE (First, Middle, Malden S	Surname)	
BE C	JAMES L. MOULDEN					ABRIMS		
5	19a. INFORMANT'S NAME (Type/Print)  LILLIAN JOHNSON					loute Number, City or Town		
- 1	20a, METHOD OF DISPOSITION  1 19 Surial 2 Cremation 3 Rem	20b	PLACE AND DATE D	F DISPOSITION /Na		DATE 20c. LOC	MD. ZIUC	
	4 Donation 5 Other (Specify)	PI	NELAWN M	EM. PARI			NNAPOLIS,	, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE  Javy S. 1	Rese		REESE 821 WI	EST ST. A	MORTUARY, E	MD. 2140	01
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on a	the death. Do no	ot enter the mo	de of dylng, such	as cardiac or respir	story arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Cardia	c arr	hymTi	hia			Imma.
NO	Sequentially list conditions,	e. Cavala  Due to (or as a  Cong.	e 57 (ve	Han	VT F	ilure		Yrs.
CAT	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury	Dila			140pa/	lig		yrs
CERTIFICATION	that initiated events resulting in death) LAST	d. Chyv	CONSEQUENCE OF	Typer	Tru sion	•		415
MEDICAL (	PART II. Other significant condition	s contributing to death be	ut not resulting in	the underlying	g ceuse given in 1	Part I. 24s. WAS AN A PERFORM	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M						-		1   YE\$ 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL	ACE OF DEATH (Cho	ck only one)		
HYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	atient 3 DOA 28b. TIME	4 Nursing Homo	o 5 D Residence (	8 Other (Specify) 28d, DESCRIBE HOW IN	JURY OCCURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY WO	RK7 'ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, at	reet, factory, office		281. LOCATION (Street at City or Town, State)	nd Number or Rural F	Route Number,
COMPLETED	29a. CERTIFIER (Check only	ICIAN: To the best of my knowl	edge, death occurred	f at the time, date	and place, and due t	to the cause(e) and mann	ner as stated,	- 10
COM		R: On the besis of examination	end/or investigation	, in my opinion, de	eath occured at the t	time, data and place, end	I due to the cause(a	i) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Friend			29c. LICENSE NUM	65 BER	▶3//9/	Morth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	Friend 2	205 R	odge/	, Ave	Bung	olis,	Nd.
	MAR 2 2 1994	32. REGISTRAR'S SIGNA	Julia De	idson-Aan	dall	0	,	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
iddle, Last)		2. DATE OF	DEATH

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH			3. TIME OF DEATN
	Veronica	Ann	n Mattingly						Ma	rch 5,	1994	YEAR	9:25 A. w
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	ast birthday)	IF UNDER		IF UNDER		7. DAT	E OF BIRTH		S. BIRTH	IPLACE (State or Foreign
	579-44-9929	1 🗌 M 2 🔀 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	Ap	rith, Day, Year)	1923	Was	shington, D.(
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE			9c. COUN		
OB	Anne Arundel Gen	eral Hos	pital		Ar	napo	olis				Anne	Arı	ındel
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			T. 40 - 017									
IRI	17/1/2	Mary's		10c. CH	Y, TOWN (								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	rially S			A\	enue	ZIP CODE						1 TYES 2 1 NO
RA	Box 14 Golden Tho	mngon Po	29			101		0609				U.S.	VHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN		BMEO	12	WHIS DEC			0.0010	IN? (Specify Yes			
E	1 Never Married 2 Married		YES 2 X			If yes, spe	city Cuba	n, Maxican	, Puerte	o Rican, etc.)	or No-	Blaci	— American Indian, k, Whita, etc.
B⊀	3 🔀 Widowed 4 🗌 Divorced	17 125, 0072 10	AN ON DATES			I 🗌 TES	2 (XNO	Specify:				Speci	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	N	_	10	Sb. KIND OF BUS	INESS/INDU	JSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	) ///	e. Do NOT u	se retired.)		SI OF WORKIN	g					
MP	12th Grade			Homer	naker	<u>-</u>					HO	me	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	NER'S NAM	AE (First	, Middle, Malden			
BE	August		Oran					essie			t-ode.		andingham
2	19a. INFORMANT'S NAME (Type/Print)									mber, City or Town			
- 1	Ann C. Halwick		5	915 [	Milto	on Av	venue	e, De	ale	Mary.	Land	2075	51
	20a, METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of camelery, cremetory or other place)  20c. LOCATION — City or Town, State												
	4 Donation 5 Other (Specify)	1	Sacre	d Hea	art (	<u>'emet</u>				4 Busl	nwood	, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICI	DO /	1				ACT ACT			er Fund	aral	Homo	DA
	1 uchael	1 X by	dine	2									and 20650
	23. PART i. Entar the diseasea, pr canock, or hasrt feilure. I.	omplications that	ceused tha d	aath. Do i	not entar	the mod	da of dyi	ng, such	86 CB	rdisc or respi	atory arre	st,	Approximats
	IMMEDIATE CAUSE (Finsi		L .					2		4			Intervsi Between Onset and Death
	disease or condition resulting in death)  Due to (OR AS A CONSEQUENCE OF):  Onset and Death  Onset and Death												
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions.												
Ĕ	If sry, lasding to immediate cause. Enter UNDERLYING												
5	CAUSE (Disease or injury	DUE TO	00.40.4.00000										
Ē	that initiated events resulting in death) LAST	DOE 10 (	OR AS A CONSE	OUENCE O	r):								i 1
CERTIFICATION	d		-										
4	PART ii. Other significant conditions	contributing to	death but not	reauiting	in tha un	derlying	ceusa g	iven in F	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
										1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME I													OF DEATH?  1 YES 2 NO
ž									_	i			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	EATH (Chec	ck only c	one)			
S.	1 YES 2 7 NO	HOSPITAL:	ER/Outpatient	DOA.	OTHER		5 🗆 Red	sidence 6	□ Oth	er (Specify)			
F	27. MANNER OF DEATH	26a. DATE OF (Month, Da		26b. TIM	E OF URY	28c. INJU			26d. OE	SCRIBE HOW IN	JURY OCC	JRED	
B	1 Natural 5 Pending 2 Accident Investigation				M		ES 2 [	NO NO					
	3 Suicide 8 Could not be	28e, PLACE OF building, e	INJURY — At he	ome, tarm, a	rireet, facto	ory, office				CATION (Street as	nd Number o	or Rural R	oute Number,
	4 Homicide determined												
P	(Check only 1 CERTIFYING PHYSIC	IAN: To the beat of a	ny knowledge, de	eath occurre	ed at the ti	me, deta	and place,	and due t	o the ci	suse(a) and men	ner ea state	d.	
COMPLETED	one) 2 MEDICAL EXAMINER												and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIED	1		$\cap$			29c. LICE	NSE NUME	BER		29d. DATE	SIGNED	(Month, Day, Yber)
BE	H. Dolas	fer	pr	1/			D	26	7	45	13/4	119	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)	1	1/	20				-	
	Howard D. Gold	stein	205 r	Lidge	2/4	Ave	. An	napo	113	, MD :	2140	}	J
	31. DATE FILES (Month, Day Year)	Silia David		02				•					
	11/11 U / J4	The ward	אסויים עייין עיייין עיייין										

2.0

1	-	FOR STATE REGISTR	AF
, ,	. 0	ECEDENT'S	N/

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIF	CATE O	F DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	MARGARET	ANN M	calli	STER		2. DATE OF E	19, 19	94 ^{EAR}	3. TIME OF DEATH 8:00 a
4. SOCIAL SECURITY NUMBER 212 - 10 - 6923	8. SEX 8. 1  M 2  X F	AGE (In yrs. Ia:	ot birthday) YRS.	IF UNDER 1 YEAR	-	7. DATE OF B (Month, Day Aug 4	WRITH (X. Ybar) (191.7	Count	HPLACE (State or Foreign or) Cyland
9a. FACILITY NAME (If not institution, give streets) 9269 All Saints Represented the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the second streets of the sec				эь. сіту, тож Laure	N OR LOCATION OF D		9c, CO	unty of a	
10a. STATE 10b. COUNTY  Maryland Howard	đ			r town on Lo	CATION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 9269 All Saints Ro	oad				101. ZIP CODE 20723	414	10g. CI		MHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2	NO NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Spec	an, Puerto Rican		14. RACI Blac Spec	E — American Indian, k, White, etc. //y: White
15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)		Me	live kind of w Do NOT us	e retired.)	ATION most of working	3	D OF BUSINESS/IN		
Grade 12  17. FATHER'S NAME (First, Middle, Last)		AS	<u>sembl</u>	.er	Las MOTUEDIO N		oern Ele		c Co.
	ah 1						e, Maiden Surname)		
19e. INFORMANT'S NAME (Type/Print)	ehly	1 40	h MAII mic	ADDRESS (O.	Ann Ti		Marian Training Co. 1	No Cod .	
									20722
Melvin Beach				III Sal	nts Road		20c. LOCATION -		
1 Donation S Other (Specify)	rel from State	cometen, on	metory or of	her olegal					
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE-	Metro	o Cre		AND ADDRESS OF F		Catons	A 3. 1.T.E	, Maryland
· Will Jak	201			Don	aldson Fu	meral I			and 20707
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  a. CARCINGING TO THE ATOSIS  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificant conditions	contributing to de	ath but not	resulting i	n the underly	ring cause given in		. WAS AN AUTOPS: PERFORMED? YES 2 NO	7 245	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
25. WAS CASE REFERRED TO MEDICAL									1 YES 2 NO
EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C				
1   YES 2   NO					INJURY AT WORK?	e 8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED			
2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF II building, etc	NJURY — AI h	ome, farm, s	freet, factory, o	ffica	281. LOCATIO	N (Street and Numb wn, State)	er or Rural i	Routs Number,
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICS 2 MEDICAL EXAMINER									n) end menner aa stated
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Flo		c D	Direction of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont		IMBER PRY < A1	296.00		(Month, Day, Year)
8379					UREC	med.	207	07	
31. DATE FILES (MARIE Day, 1997) MAR 2 2 94	32. REGISTRAR'S	SIGNATURE	andage		UREC				

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

24

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

and the state of

3, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within dours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ry, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

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1	-	FOR STATE REGISTR	AR
1	1. 0	ECEDENT'S	NA

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (Firs	t. Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	.,								MONTH	D	AY	YEAR	
Lester	Mers								03/	21/	94		2:20a
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, D June	BIRTH eyYear)		8. BIRTI Count	HPLACE (State or Foreign
216-22-0017		T√∏ M 2 ☐ F	74	YRS.		- 10				21, .	1919		Maryland
Se. FACILITY NAME (If not institution, give street and number)  Greater Laurel-Beltsville Hosp.					96. CITY, TOWN OR LOCATION OF D					9c. COUNTY OF DEATH Prince George			
RESIDENCE OF DE		STESAITTE	Hosp.		1	Jaure	∋T	_			Pri	nce (	seorge
10a. STATE	10b. COUNT				TY, TOWN		TION						10d. INSIDE CITY
Md.	Howa	ard		5	Savag	ge .							YES 2 NO
10e. STREET AND NUMBER	3					10	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
8422 Commer	ccial S	Street					207	763			U.	S.A.	et - 10
11. MARITAL STATUS	3 44 4	12. WAS DECEDED	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT (	OF HISPA	NIC ORIGIN? (	Specify Ye	s or No—	14, RAC	E — American Indian, k, White, atc.
Never Married 2 3 Widowed 4 Div			MAR OR DATES			1 TYES	2X NO	Speci	an, Puerto Ric fy:	,,		Spec	white
15. DE	CEDENT'S EDU	CATION	16a.	DECEDENT'S				_	16b. K	ND OF BU	SINESS/INI		
(Specify of Elementary/Secondary	nly highest grad (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done use retired.)	during mo	st of worki	ng					
7				1	none					1	none		
17. FATHER'S NAME (First,									ME (First, Mid	dle, Maiden	Sumame)		
William Me									King				
Linthicum		Morgon		9202					Route Number,				723
20a. METHOD OF DISPOSI		Merson						La	_	-			
1 Burlet 2 Cremet 4 Donation 5 Othe	ion 3 🗆 Ren	noval from State	cemetery.	CE AND DATE	OF DISPOS other place)	SITION (NE	ame of		3/22		CATION -		own, State
21. SIGNATURE OF FUNER		CENTREE	_   Met.	LO CE			ND ADORE	SS OF F		Ca	COUR	<u> </u>	e, Ma.
	\	1/			Г	Dona.	ldsor	ı Fu	neral	Home	P.A.		
1 /	X	V											
23. PART I. Enter the shock, or I IMMEDIATE CAUSE (F disease or condition resulting in death)	haart fallure.	List any one ca	et coused the use on each if	ne.	not enter	r the mo	de of dy	ing, suc		Laur	el, N	Md.	20707 Approximate interval Between Onset and De Thour
shock, or immediate cause (F disease or condition resulting in death)  Sequentially list condition and it any, leading to imm cause. Enter UNDERLY CAUSE (Disease or Injust initiated events	tions, ediate //ING ury	List any one ca	e Myor (OR AS A CONS tensi(	cardiseouence o	not enter	r the mo	de of dy	ing, suc	ch as cerdis	Laur	el, N	Md.	Approximate interval Between Onset and De
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	MARG	ARET S.MAXW	ELL			FEBRUARY	4,1994 YEAR	8:10 p M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign
	134-10-8819	1 🗆 M 2 🎞 👍	This.			MAY 29,19	14 NEW	YORK
œ	9a. FACILITY NAME (If not institution, give s				R LOCATION OF D	EATH	9c. COUNTY OF	DEATH
FUNERAL DIRECTOR	MAGNOLIA HALL NUR	SING HOME		CHES	TERTOWN		KENT	
3EC	10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
DIE	MARYLAND	KENT	KE	NNEDYVI	LLE			LIMITS?
ME	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
Ä.	28409 SPRING RD.				21645		US	A
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Y	es or No 14. RAC Blac	E — American Indian, ik, White, etc.
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 X NO Specif		Spec	elly:
	15. DECEDENT'S EDU	CATION	18a. DECEDENT'S L	SUAL OCCUPATION	N	16b, KIND OF B	USINESS/INDUSTRY	WHITE
ET	(Specify only highest grade Elementary/Secondary (0-12)	Completed) Coffege (1-4 or 5+)	(Give kind of we	ork done during mos	st of working			
4	12		HOME	MAKER			HOME	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melde	n Surname)	
BE	JOHN J. SKELLY				LOR	ETTA MILL	ER	
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To		
	WILLIAM H. MAXWE					EDYVILLE,		
	1 Buriel 2 Cremation 3 Rem	ovet from State	ob. PLACE AND DATE OF CAPITAL CR	FOISPOSITION (Na.	me of	DATE 20c. L	OCATION - City or T	own, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FINERAL SERVICE LIC		CAPITAL CR		D ADDRESS OF FA		VER, DE.	
	M. D	/11				LS FUNERA	L HOME	
	Harry D.	tellows		413 H	IGH ST.	CHESTERTO	WN, MD. 2	1620
	23. PART I. Enter the diseesea, or cahock, or heart failure.	complications that ceus List only one ceuse on	ed the deeth. Do no each ilne.	t enter the mo	de of dying, suc	h aa cardiac or rea	piratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Finei disease or condition	1. 1.	. 1		1000	- *		Onset and Death
	resulting in death)	o. Cardio	MULLUON	any	11/4/2	27		
_	_							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO OR A	A CONSEQUENCE OF	:				<u> </u>
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	Prec	mones					ļ
F	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF		1			
ER	resulting in death) LAST	a evals	toge ,	HCZH	eunes	2		
AL C	PART II. Other aignificant condition	s contributing to deeth	but not recuiting in	the underlying	ceuse given in	Part i. 24a. WAS A	N AUTOPSY 248	. WERE AUTOPSY FINDINGS
2	HBO. HISH	10 THank	sin . H	1	recen	PERFO		MAILABLE PRIOR TO COMPLETION OF CAUSE
	Horhendle	eles Varal	enie.	1		YES	2   NO	OF DEATH?
2	01							TES ZENO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)		
SIC	1 NES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O	utpetient 3 🗆 DOA	OTHER: I Nursing Home	5 🗆 Residence	8 C Other (Specify)		
H	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 26c. INJU	JRY AT	26d. DESCRIBE HOW	INJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJU building, etc. (S	RY — At home, farm, at pecify)	reet, fectory, office		28f. LOCATION (Street City or Yown, Steet	and Number or Rural (	Route Number,
E	AL OFFICIER							
MP	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my known						
COMPLETED		R: On the basis of examinar	lon and/or investigation	, In my opinion, de	ath occured at the	time, data end place, a	and due to the cause(	s) and manner as stated.
BE	296. SIGNATURE ARE TITLE OF CERTIFIEF	. 1			29c. LICENSE NUI		29d. DATE SIGNED	(Month, Day, Year)
6					1238		1 ork	5194
	John AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	1.1001.		4,001	1. 1	Md 21620
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	O / 78	OU MISHE	upper 1	TVE, Clus	the form	MLA 21620
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TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN OR ATTENDING PHYSICIAN. The law requires that the death certificate he executed within 24 hours as
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Va Catalanco na Ct	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-trainal	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtain be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
or death, Page 6 may be retained by the hospital or attending physician	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MA			MENT OF I		MENTA	L HYGIEN	E	
1. DECEDENT'S NAME (First,	Middle, Last)							OF DEATN	-	3. TIME OF DEATH
JOSEPHIN	VE HAWK	INS MURRA	Y				FEBR	UARY 6	,1994 YEAR	1:30 pm
4. SOCIAL SECURITY NUMBER	R 5.	SEX 6.	AGE (In yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)	8. BIF	ITHPLACE (State or Foreign
056-34-4088 90. FACILITY NAME (If not ins		□ M 2 🙀 F	84	YRS.	ONTHS DAYS	HOURS MIN.	SEPI	25,	1909 E	NGLAND
			,	9		OR LOCATION OF DI	EATH		9c. COUNTY OF	
MAGNOLIA HA		SING HOME			CHE	STERTOWN			KE	NT
10e. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
MARYLAND	KENT			CH	ESTERT	OWN				1 X YES 2 NO
10e. STREET AND NUMBER					10	1. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?
200 MORG		Table 1				21620				SA
11. MARITAL STATUS  1 Never Married 2 I  3 Widowed 4 Divor	herried	FORCES? 1 IF YES, GIVE WAR	YES 2 K	MED IO	If yes, s	CENDENT OF HISPAI Secify Cuben, Mexica 2 X NO Specif	en, Puerto		BI	ACE — American Indian, ack, White, atc. ac/ly: WHITE
15. DECE	DENT'S EDUCAT	ION	18e. DE	CEDENT'S US	UAL OCCUPATI	ON	168	. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-	highest grade con	College (1-4 or 5+)	(G.	Do NOT use i	k done during m retired.)	ost of working				
12			SE	CRETA	RY			RETAI	L SALES	
17. FATHER'S NAME (First, Mic						18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)	
		EY HAWKIN						. LEAC		
190. INFORMANT'S NAME (7)			1			OXAHATCH				
20a. METNOD OF DISPOSITIO	)N				DISPOSITION (N		DAT		ATION — City or	Town State
1 Duriel 2 X Cremetion 4 Donation 8 Other		from Stats			EMATOR		1994		R, DE.	10000
21. SIGNATURE OF JUNERAL	SERVICE LICENS	· /	3		22. NAME A	ND ADDRESS OF FA				
* your	B. 4	1/2/4			FELL	DWS - WEI HIGH ST.	LS F	UNERAL	HOME	21.620
23. PART I. Enter the dis	easea, Dr CDM	plications that ca	used tha da	ath. Do not	entar tha me	ode of dying, suc	h aa car	JEKTUW diac or respin	ntory arrest.	21620 Approximata
anock or na	art fallure. List	only ona cause	on aach lina							Interval Between Onset and Death
iMMEDIATE CAUSE (Fine disease or condition		11/1	1 .	300	RNE	1				, ,
resulting in death)	a	DUE TO (OR	AS A CONSEC	DUENCE OF):	LANCE	4				/ week
Sequentially list condition if any, leading to immed		DUE TO (OR	AS A CONSEC	UENCE OF):						
cause, Entar UNDERLYIN CAUSE (Disease or Injur										
that initiated events resulting in death) LAST		DUE TO (OR	AS A CONSEC	UENCE OF):						
	d									
PART ii. Other aignifican	t conditions c	ontributing to dea	th but not n	esuiting in	tha undarlyin	g cause given in	Part I.	24s. WAS AN		4b. WERE AUTOPSY FINDINGS
frames.	Stroke							PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:			26. P	LACE OF OEATH (Ch	eck only or	10)		
1 TYES 2 NO		Inpatient 2 ER		DOA 4	Nursing Hon	e 5 🗆 Residence	8 🗆 Othe	r (Specify)		
27. MANNER OF DEATH  1 Netural 5 P	ending	28s. DATE OF INJ (Month, Day, )		28b. TIME C	Y WO	URY AT ORK?	28d. DES	CRIBE HOW IN	JURY OCCURED	
2 Deviate	vestigation	28e. PLACE OF IN	IURY At ho	ne form elre		YES 2 NO	204 1 00	ATION (Company)		10
	ould not be stermined	building, atc.	(Specify)	ne, raini, acre	ot, factory, offic	•		or Town, State)	nd Number or Rura	I Houte Number,
290. CERTIFIER 1 CERTIFIER	FYING PHYSICIAL	: To the best of my	knowledge de	th assumed	-0.00					
one) 2 MEDIC	AL EXAMINER: 0									e(a) end manner as stated.
296. SIGNATURE AND TITLE	OF CENTIFIER	0				29c. LICENSE NUN	MBER	,	29d. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO O	OMPLETED CALLES O	E OFATAL AVE	4 970 /7 ^	(ad)	400 3	54		21	7/94
CG R	14 - 2 2	JA) N	1FU:	e zi) (iype, Pri	BLDI	0 0	450	FERT		MA
31. DATE FILED (Month, Day, W	Ö	32. REGISTRAR'S	SIGNATURE	اما			, 6)	END	0,	10.
FEB	9 '94	guia	Davidsor	-Pande	02					
										DNMN-16 Rev 1/89

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permit,

signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, t. of certificate has been the State Dept.

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

BE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Mary Ellen Matthews 994 February 11:52A M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Ybar)
FEB 7, 1930 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 222-18-1500 DAYS HOURS 63 1 M XX F Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH The Kent and Queen Anne's Hospital, Inc. Chestertown Kent DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kent Chestertown 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 7570 Quaker Road 21620 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 NO Specify: В 3 Widowed 4 X Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) Self-Employed Elderly Care Home 10th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ernest Rudolph Hoxter 70 Jannie Lewis notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Beverly Wheeler P.O. Box 571, Centreville, Maryland 21617 pe 20s. METHOD OF DISPOSITION

XX Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) Rich Neck Cemetery Ewingtown, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bennie Smith Funeral Home Dhn P.O. Box 691, Dover DE 19903 medical 23. Page 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. mediate IMMEDIATE CAUSE (Final traumatic event, the disease or condition ulmonary reaulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 0 injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERPORMED? MEDICAL accident Cerebrovascular AVAILABLE PRIOR TO COMPLETION OF CAUSE any home phon 1 THES 2 NO OF DEATH? OF DEATH? shows a Hypertension Non insulin diabetes PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The I FUNERAL DIRECTOR: After this certificate ha within 72 hours after death with the State D ITANT: If Item 28 is marked, or Item 3 **EXAMINER?** OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City for Town. State) COMPLETED 8 Could not be 4 Homicide

29a. CERTIFIER (Check only 1 (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, 29c LICENSE NUMBER 8 30. NAME AND ADDRESS OF PERSON WHO CONFLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NOWN FFR 9 94 32. REGISTRAR'S SIGNATURE THE WAY DOOR - Mandall DHMH-18 Ray 1/89 TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MARY	LAND / DEPARTI			MENTA	AL HYGIEN			
1. DECEDENT'S NAME (First	t, Middle, Last)						E OF DEATH		3.	TIME OF DEATH
Loran Judefi	nd Mil	ler				Feb	tuary 10		YEAR	10:49 p. m
4. SOCIAL SECURITY NUMBER	BER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH		BIRTHPL	ACE (State or Foreign
215 38 0848		1X M 2 F	/ L YRS.	DAYS DAYS	OR LOCATION OF D	Sept	t. 13, 1	922 9c. COUNT	Mary	
hesterville -				Millin		EAIN		Ker		
10s. STATE	10b. COUNTY		10c. CITY, 1	OWH OR LOCA	TION				10	Id. INSIDE CITY
Maryland 100. STREET AND NUMBER		Kent	Mi	11ingto	On ZIP CODE					LIMITS?
1		llimata. D.	9. <b>11</b>	101						AT COUNTRY?
Chestervill		12. WAS DECEDENT EVER		T 42 MM 8 DEC	21651 ENDENT OF HISPA	1110 00101			S.A.	
1 Never Married 2 3 Widowed 4 Dive	Married	FORCES? 1 YES	2 ANO	If yes, sp	ecity Cuben, Mexic 2 X NO Speci	an, Puerto	Rican, etc.)	or No 1	Black, V Specify:	American Indian, thite, stc.
(Specify onl	EDENT'S EDUCA y highest grade o		18s. DECEDENT'S US	done during mo		16	b. KIND OF BUS	SINESS/INDU		ite
Elementary/Secondary (I	0-12)	College (1-4 or 5 +)	Farmer	earea.)			Form			
17. FATHER'S NAME (First, M	Riddle Leet)		rather		18. MOTHER'S NA	1115 (5)	Fari			
Roland W. M							Judefii	,		
190. INFORMANT'S NAME (			19b MAILING AF	DBFSS /Street s	nd Number or Rural				anda)	
Dr. James M										and 20740
20a. METHOD OF DISPOSIT	on 3 🗆 Remov		b. PLACE AND DATE OF	DISPOSITION (No	me of	DA.	TE 20c, LO	CATION - CI	ty or Town,	, State
4 Donation 5 Other			sbury Ceme		)2-19-19 <u>9</u>		Mil]	ingto	n, M	aryland
	m L. Ki	1 - 1	41	Fellow	of ADDRESS OF FATS Funeral Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management of Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Management on Man	al Ho				
IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure. Li	Closed	A CONSEQUENCE OF):							Approximate Interval Between Onset and Death
Sequentially list condit if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events reaulting in deeth) LAS	diate ING Iry c.		A CONSEQUENCE OF):  A CONSEQUENCE OF):							
PART II. Other algorifica		contributing to deeth fri Child	but not resulting in s	DISCO.	ceuse given in	Part I.	24e. WAS AN PERFOR 1 YES 2	MED?	CC	RE AUTOPSY FINDINGS ARABLE PRIOR TO OMPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	-				ACE OF DEATH (C)	neck only o	ne)			
1 TYES 2 NO		HOSPITAL: 1 Inpetient 2 I ER/Ou		THER:  Nursing Hom	5 Residence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28s. DATE OF INJURY (Month, Day, Year)			URY AT RK?	28d. DE	SCRIBE NOW II	NURY OCCU	RED	
	Pending Investigation				ES 2 NO					
	Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	(Y — At home, ferm, street, ecify)	et, factory, office		201. LOI C/ty	CATION (Street s or Town, State)	nd Number or	Rural Rout	e Number,
		AN: To the best of my kno								ad manner as etated
29b. SIGNATURE AND TITLE		0 -		- 12	29c. LICENSE NU		100			
Jun	K	Ken in			D/703				114/	onth, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO		EATH (ITEM 27) (Type, Pri	/	Ave	Cho	state	n M	12	1620
31. DATE FILED (Month, Day,	-	32. REGISTRAR'S SIG	NATURE	)						

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		1. DECEDENT'S NAME (First, Middle, La.		Lall				2.	DATE OF DEATH DATE OF		3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 267-12-2686	5. SEX 1 X M 2 F	6. AGE (In yrs. la 72		UNDER 1 YE		MIN.	DATE OF BIRTH (Month, Day, Year) ec 2,19	21	BIRTHPLACE (State or Fore Country)
should	N.	99. FACILITY NAME (# not institution, gh Union Memoria	,	- a l			MOTE				Y OF OEATH
(Z)	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  Maryland Ken	ITY	<u> </u>	10c. CITY, TO	WN OR LO					10d. INSIDE CITY
	RAL D	100. STREET AND NUMBER 7968 Radcliff		<del>-</del>	CIN	este	10f. ZIP CODE		0		1 YES 2 N
020 physician. burial-transit	FUNÈF	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDED	NT EVER IN U.S. AF	RMED NO			F NISPANIC	ORIGIN? (Specify Yearto Ricen, etc.)	USA or No — 14	i. RACE — American Indian Black, White, etc.
15-0 ending as the	B	3 Widowed 4 Divorced  15. DECEDENT'S E	IF YES, GIVE	WWII	ECEDENT'S USU	10	YES 2 X NO				Specify White
212 boru	PLETED	(Specify only highest gri		+)	Give kind of work on Do NOT use reti	done during lred.)	most of working		Electr		THY
2 × 8 ×	E COMPL	17. FATHER'S NAME (First, Middle, Last) Charles P. Ma	rshall	IF. I C	PETER LEZ	31 1	18. MOTH	NER'S NAME	(First, Middle, Meiden moak Ma	Sumame)	1
	TO BE	190. INFORMANT'S NAME (Type/Print) Bernice Marsh		19			eet and Number	or Rural Rout	e Number, City or Town	n, State, Zip Co	
ORE, e 6 may be ector, page must be		20a. METHOD OF OISPOSITION     Burial 2   Cremation 3   R.   4   Donetion 5   Other (Specify)		cemetery, cri	ANO DATE OF DIS	SPOSITION	N(Name of		OATE 20c. LO	CATION — CIT	y or Town, State
ALTIN death. Pag e tuneral dir ii.		21. SIGNATURE OFFUNERAL SERVICE	Velkerbe	en.		Hel Rd.	fenbe Ches	in Fi	uneral l	Home rvlan	130 Speer
ted within a hours after completely filled in by th ial, cremation, or remove event, the medical		23. PART I. Enter the disease a ehock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	b. List only one car	use on each line	0.				a cardiac or respi		t, Approximatinterval Bet Onset and I
, P.O. BOX 68 each certificate be executated by the prior to but you other traumatite.	CERTIFICATION	Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST	C	OR AS A CONSE							
RECORDS equires that the d en signed by the of Health and Mer	MEDICAL (	PART II. Other algnificant conditions	one contributing to	death but not	resulting in th	e underl	ying cause g	given in Per	1 I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
ITAL N: The law icate has b State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3		HER:	3. PLACE OF O		only one)  Other (Specify)		
ON OF V ING PHYSICIA After this certif eath with the marked, or	ВУ РНУ	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF		28b. TIME OF	28c.	INJURY AT WORK?	28	d. OEŞCRIBE NOW II	NJURY OCCUP	IEO
ISIC TTEND TOR: A after d		3 Suicide 8 Could not to determined	28a. PLACE ( building,	OF INJURY — At he, etc. (Specify)	ome, tarm, street	, tectory, o	office	26	I. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
로 보고 본	COMPLETED	0001	SICIAN: To the best of NER: On the basis of a								ause(a) and manner as atat
To the Mospi To the Funge To filed within	TO BE C	296. SIGNALLINE AND 1270 OF CERTIF	ean	M	?		BM LICE	3144	1590	29d. DATE S	IGN90 (Month, 98y, Year)
	F	30. NAME AND ADDRESS OF PERSON		SE OF OEATN (ITE	M 27) (Type, Print 20/E	Ë. 6	UNIV	'eksi'	ty Park	wa,	But M

1853 P 8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY
LIMITS?
1 YES 2 NO

Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

ne, date and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Pay, Year)

12. REGISTRAR'S SIGNATURE

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O. NAME AND ADDRESS OF PE AUGUSTO P.

31. DATE FILEO (Month, Day, Year)

MAR 28 1994

Rodriguez

	1, DECEDENT'S NAME (First, Miciolo, Ly.  A. SOCIAL SECURITY NUMBER	e /Vin	ntgomen		ī	100	OF DEATH	5,19	1. TIME OF DISCOURS
	578-36-1946  9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F	AGE (In yrs. last birthday)	MONTHS DAYS	HOURS MIN.	MAY	23, 19	10	MARYLAND
TOR	1512 DUNWOODY A				HILL	DEATH			Y OF DEATH CE GEORGE
DIRECTOR	10a. STATE 10b. COU	NCE GEORGE		RT WASH					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	#12409 LIVINGST	ON ROAD		1	20744			-	N OF WHAT COUNTRY? ED STATES
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	If yes, i	ECENDENT OF HISPA apacity Cuban, Mexic ES 2 NO Speci	an, Puerto	N? (Specify Yes o Rican, etc.)	or No-	Black, White, etc.  Specify:  BLACK
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 10TH GRADE	DUCATION ade completed)  College (1-4 or 5+)	(Give kind o	s USUAL OCCUPAT f work done during r use retired.)	TION most of working		GOVERNM		ВТЯУ
BE CO	17. FATHER'S NAME (First, Middle, Lest)  JESSE COLBERT				18. MOTHER'S N. SYLVIA				TGOMERY
5	19a. INFORMANT'S NAME (Type/Print)  ERNEST L. MONTG	OMERY	19b. MAILIN #1240	G ADDRESS (Street	and Number or Rural SSTON ROA	D, F	ober, City or Town, ORT WAS	state, zip ci SHINGT	ON, MARYLANI
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DATE comptent cremators of GRACE UNI	LOI DISTOSTION	rediring Or	· DAI	200. 200	Allon - Cit	y or Town, State VASHINGTON, 1
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /							
		Months		POMOI	AND APPRESS OF ENTON FUNE NKEY, MAR	RYLAN	D 2064	10	st.   Approximate
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M.D. 5009

Rayburn Ct., Camp Springs, MD 20748

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writh fours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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ı	EI OVD	MTITED	MONTH DAY

ET OVE	st, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
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Lice D 2 3 3	EATH (Check Biddence 8 and due to end due to end due to end state the transfer NUMBER NUMBER (CARE NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER N	Part I. 24a  1 [  Ck only one)  0 Other (Sp 28d. DESCRIB  281. LOCATIO City or To to the cause(a lime, date end	. WAS AN PERFOR	AUTOPSY IMED?  NJURY OCC  and Number  oner ea stat d due to the	CURED  or Aural F	AARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AO  Route Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rours after death. Page 6 may be retained by the hospital or attending	urs after death. Page 6 may be retained by the hospital or attendin
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			NTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle,	Last)			2.	DATE OF DEATH		3. TIME OF DEATH	
	CHARLES	Francis	MARTI	N. Sr.	MA	ARCH 14,		8:50 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. 7. 1	DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign	
	215-14-6057  90. FACILITY NAME (# not institution,	1. M 2 F	71 YRS.	NTHS DAYS	HOURS MIN. JE	une 21,19	922 Maryland  9c. COUNTY OF DEATH		
8	Memorial Hosp								
5	RESIDENCE OF DECEDEN	OUNTY		Cumber1			Allegany		
DIRECTOR		Allegany		own or Locat mber1ar				10d. INSIDE CITY LIMITS?	
	10a. STREET AND NUMBER	Allegany			ZIP CODE		tog. CITIZEN	1 X YES 2 NO	
FUNERAL	628 North Cen	tre St.			21502		U	.S.A.	
	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		ENDENT OF HISPANIC O		or No- 14. F	RACE — American Indian, Black, White, etc.	
IL 1 Never Merried 2 Merried   FORCES? 1 YES 2 NO   If yee, specify Cuben, Mexicen, Puerto Rican, etc.)   If yes, Specify:   YES 2 M NO   NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YES 2 M NO Specify:   YE								Specify: White	
<u> </u>	15. DECEDENT'S (Specify only highest	S EDUCATION	16a. DECEDENT'S USI	UAL OCCUPATION	N .	16b. KIND OF BUS	INESS/INDUSTR		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	itired.)	ii oi working	_	111 0		
Š	10 17. FATHER'S NAME (First, Middle, La:		Custodia	n.			ublic S	chool	
	Charles	William	Mar	tin	Geneviev		_{Sumeme)} Leanor	Kesler	
BE	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural Route				
2	Lillian M. Ma	rtin	628 N.	Centre	St. Cumber	rland, Mo	1. 2150	2	
	20a. METHOD OF DISPOSITION  1) Burlel 2 Cremetion 3	Removal from State 20b	PLACE AND DATE OF D	ISPOSITION (Na place)	me of	DATE 20c. LO	CATION — City of		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF TWNERAL SERVI		cky Gap V		Cemt.3/1		intston	e, Md.	
	V1.46	1 01	,		itt-Adams		Home		
-	23. PART I. Enter the disease	or complications that cause	d the deeth. Do not	404	Decatur St	t. Cumb.	Md. 21	502 Approximate	
	shock, or heert fall IMMEDIATE CAUSE (Finel	lure. Liet only Dne ceuse Dn e	sch line.		,,	colored of teaps.	utory arrest,	Intervsi Between Onset and Death	
	disease or condition resulting in death)	· RGS	PIRATO	24 6	RECT				
0	Sequentially list conditions,	DUE TO (OR AS /	CONSEQUENCE OF):	CO	MA				
RTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	a At	VALICED	-210	RHOSIS	27 /1	IFR	ļ	
	CAUSE (Disesse or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):			Of. Dr			
CER	resulting in destil) EAST	d		-					
AL	PART II. Other significant con-					I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDIC	- GR	ZAM TUE	BAC	TERE	MIA	t 🗆 YES 2	D NO	OF DEATH?	
								1 TYES 2 THE	
AN	25. WAS CASE REFERRED TO MEDIC EXAMINER?			28. PL	ACE OF DEATH (Check o	only one)			
	1 TES 2 THO	HOSPITAL:		THER:  Nursing Home	5 Residence 8	Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	RK?	I. DESCRIBE HOW IF	NJURY OCCURE	D	
- 11	2 Accident Investige	28e PLACE OF INJURY	— At home, ferm, etre		ES 2 ND	. LOCATION (Street a	and Number or Bu	real Service Misselbar	
	4 Homicide 8 Could no determin	Dt De building, etc. (Spec	cify)	, , , , , , , , , , , , , , , , , , , ,		City or Town, State)	no romos or ru	rei rioute rumon,	
COMPLETED	290. CERTIFIER (Check only	PHYSICIAN: To the best of my know	ledge, death occurred a	t the time, date	end place, end due to th	ne cause(e) end men	ner ee stated.		
N O	one) 2 MEDICAL EXAMINER: On the beele of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)								NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CATES OF DE	ATH (ITEM 27) (Table 22)	ret)	D 23334		3/1	5/94	
	Dinesh Shah M.	D. P.O. Box 1	31 Pinto,	,	1556				
	31. DATE FILED (Month, Day 199		ATURE						
	1.1711 4 1 133		- stores						

strate at the first transfer of

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physicis	filled in by the funeral director, page 5 should be detached for use as the burial-It or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriak-tribe filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to buriak, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	DONAL	)			2. DATE OF DEATH MONTH	DAY 9 4E	3. TIME OF DEATH  2045 PLM		
	4. SOCIAL SECURITY NUMBER 232-26-0184	15€36M 2 □ F	In yrs. lest birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 11,	0	HRTHPLACE (State or Foreign country)		
TOR	99. FACILITY NAME (If not institution, give st  MIN OTIAL HOSP  RESIDENCE OF DECEDENT	) ( U		Chmb.	or location of di		A) les			
DIRECTOR		pshire		r, town on Loca Shanks	TION			10d. INSIDE CITY LIMITS?  1 \( \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{2} \sum_{1} \sum_{1} \sum_{2} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1} \sum_{1}		
FUNERAL	100. STREET AND NUMBER P.O. Box 438			10	26761			OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR OATES			CENDENT OF HISPAI lecity Cuben, Mexica 2 A NO Specifi	es or No- 14.1	RACE — American Indian, Black, White, etc. Specify.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  N/A  N/A  16. DECEDENT'S US (Give kind of word life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do NOT use in the life. Do					RY				
NO.	17. FATNER'S NAME (First, Middle, Lest)	N/ A	FC	rmer	18. MOTNER'S NA	AME (First, Middle, Meider	ming			
BE	Andrew J. Mc	Donald				aret Jean				
2	190. INFORMANT'S NAME (Type/Print)  Claris McDona	ld				Acute Number, City or Total	J 2676:	1		
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 2 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of commeter) agreements of other place) 20c. LOCATION — City or Ton Commeter) Cemetery Rompey							or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER	,	22, NAME A		Funeral E	Home	Y - W V		
		List only one cause on e	ech line.		de of dying, auc	h as cardiac or resp	piratory arrest,	Approximate Interval Between		
	immediate cause (Final disease or condition resulting in deeth)	ese or condition solf in flicting aun 5ht wohner to home						Onset and Death		
VIION	Sequentially list conditions, if any, leeding to immediate	7):				3 wks				
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):									
- 11	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
BY PHYSICIAN: MEDICAL			Personal American			PERFO	RMED? 2 ⊋ NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26 0	ACE OF BEATH (C)					
SICI	EXAMINER?	HOSPITAL:	etlent 3 DOA	OTHER:	LACE OF DEATH (Ch	6 Other (Specify)				
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	28e. DATE OF INJURY (Month, Oay, Year)  3 6 9  28e. PLACE OF INJURY	28b. TIM 5 3 0	E OF 28c. IN.	URY AT DAK? YES 2 NO	Sef Inf	icten h	eno wound		
TED	4 Nomicide 6 Could not be determined	h Um? Spec	ify)			BOX 43 5	Thanks	WUK		
COMPLETED	anal .	CIAN: To the best of my know R: On the basis of exemination						use(e) and manner ee stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	-Je			29c. LICENSE NUR	MBER	29d. DATE SIG	NED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WING	NGP. L	ATN (ITEM 27) (Type,	Print)	272	130 x 82!	& Chh	15 Mg 21502		
	31. DATE FILED (Month, Day, Year)  MAR 1 7 1994	32. RI GISTRAR'S SIGN	ATURE - Pudael	•						



- COTTAN

3. TIME OF DEATH 1210

10d. INSIDE CITY LIMITS? 1 YES 2 NO

8. BIRTHPLACE (State or Foreign Country)
PA

Allegany

a

REG. NO.

**194** 

9c. COUNTY OF DEATH

		1. DECEDENT'S NAME (First, Middle, Last) Margaret Jean	etta Mayl	new						2. DATE OF DEATH MONTH 03	MY 21	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les 72	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Manth - Pay - Toas)	1921	
(-3)		9a. FACILITY NAME (II not institution, give	street and number)			9b. CITY	TOWN	OR LOCATI	ON OF DE		9c. COU	
( 石劃	OR	Lions Manor N		Home				berl				
	DIRECTOR	RESIDENCE OF DECEDENT  10a, \$TATE  10b, COUNT	106 COTY, TOWN OR LOCATION Cumber Land									
ift. Page			.egany		Cu	mbei			-7			
020 physician. burial-transit permit. Pages	FUNERAL	5 A Jane Fraz	ier Vil	lage			10	f. ZIP COD	150	2	US US	
LAND 21215-0020 the hospital or attending physician, detached for use as the burial-tran once.	В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR I YES 2 1 MAR OR OATES	MED.	1	f yes, sp	CENDENT Concept Cube	n, Mexica	HISPANIC ORIGIN? (Specify Yea or No— Mexican, Puerto Rican, etc.) Specify:		
r attenuse as	TED	15. DECEDENT'S EDI (Specify only highest grad		(G	ive kind of	USUAL OC	CUPATE	ATION 16b. KIND 0 most of working			SINESS/INC	
o tal o	PLET	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	Do NOT u	se retired.)						
MARYLAND 2. retained by the hospital of 5 should be detached for notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Wa	aitr	ess	_	16. MOT	HER'S NA	ME (First, Middle, Malden	esta	
Z > 2 E	BEC	John Crago			Lydia (Rush)						ourner rey	
MARY! s retained by 5 should be notified at	0 8	19e. INFORMANT'S NAME (Type/Print)		190	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stat						rn, State, Zip	
	-	Richard D	Mayhew			Cumb	_		MD	21502		
ORE, 16 may be ector, page must be	- 3	20a, METHOD OF DISPOSITION 1 Disposition 3 Ren	noval from State	20b. PLACE A	matory or o	ther place)					CATION —	
- 9 6 -		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_   Davi	s Mei	moria 22.	NAME A	ND ADDRE	SS OF FA	CILITY	'umbe	
ALTIN death. Pag tuneral di J.		· (lanas	ZN	1000	0//					Funeral		
hours aft od in by or remo		23. PART I. Enter the diseases, pr shock, pr heart failure. IMMEDIATE CAUSE (Final	complications the	at caused the duse on each line	ath. Do	not entar	the mo	de of dy	ing, auc	, Maryla:	Iratory an	
68760, executed within 24 and completely filling burial, cremation, matic event, the		disease or condition resulting in death)	DUE TO	OR AS A CONSEC	DUENCE O	- CU	ilu	M.				
DX be es clan a for to	ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	b. DUE TO	(OR AS A CONSEC	DUENCE O	F):						
P.O. th certification of the or other	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	F):						
RECORI equires that the en signed by of Health and hows eny In	MEDICAL	PART II. Other algorificant condition	C.V.A	Seath but not r	eaulting Es	oph.	derlyin	g cause o	SWL	Part I. 24a. WAS AN PERFOI 1 YES 2	RMED?	
TAL The lanter has ate Deg	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER	:			ick only one)		
〇 美景美	r PHY	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE Of (Month, E	INJURY	28b. TIM		28c. INJ	URY AT		8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	
TISIC TTENDI CTOR: A after do	ETED B	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE ( building	OF INJURY — At ho	me, farm, :	street, facto				281. LOCATION (Street City or Town, State)	and Number	
3 4 C =	COMPLE									to the cause(a) and mai		
TO THE HOSPI TO THE FUNER be filed within	BE C	296. SIGNATURE AND NITLE OF CERTIFIE	nan						9750		29d. DAT	
P F A =	U											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

2

31. DATE FILEO (Month, Day, Year) 3-24-94

ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson-Randall

10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. white F BUSINESS/INDUSTRY Restaurant or Town, State, Zip Code) c. LOCATION - City or Town, State Cumberland MD Home and 21502 respiratory arrest, Approximate Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO OW INJURY OCCURED treet and Number or Rural Route Number, State) d manner as stated. a, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) ▶ 03-21-94 V.A.Ranjithan, M.D., Lions Manor N.H., Seton Dr., Cumberland, MD. 21502 DHMH-18 Rev 1/89 FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	10.					
1. DECEDENT'S NAME (First, Middle, Las	CLEO	NEWELL			2. DATE OF DEATH MONTH Mar. 1	DAY	9 9 4 3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER  216-64-6687  90. FACILITY NAME (If not institution, give	1 □ M 2 🔀 F	AGE (In yrs. last birthday) 39 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-08-	L954	a. BIRTHPLACE (State or Foreign Country) Wash. DC				
Holy Cross H	99. FACILITY NAME (If not inetitution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  MONTGOMERY  RESIDENCE OF DECEDENT										
10a. STATE 10b. COU	rince Geor	711	10c. CITY, TOWN OR LOCATION Hyattsville				10d. INSIDE CITY LIMITS?  STYPES 2 NO				
100. STREET AND NUMBER 4811 66th P		900		ZIP CODE	1	10g. C	TIZEN OF WHAT COUNTRY?  U.S.A.				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 27 NO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No—					
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 9 th	DUCATION ide completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPATION Work done during more retired.)	st of working	16b. KIND OF	BUSINESS/II	NDUSTRY				
17. FATHER'S NAME (First, Middle, Last) Robert E. Th	077.5			18. MOTHER'S NA	ME (First, Middle, Maid						
19a. INFORMANT'S NAME (Type/Print)	iolias	19b. MAILING	ADDRESS (Street )		Lene Cru						
James Newell	(Husband)				Hyattsv						
20e, METHOD OF DISPOSITION 133 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	20h PLACE AND DATE	OF DISPOSITION /N/	me of	DATE 20c	LOCATION .	- City or Town, State Spring, MD				
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE AUX	whou	SNOV	ID ADDRESS OF FA	CILITY NERAL HO	ME,					
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Metastatic Adenocarcinoma of Lung  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY PRIDINGS PERFORMED?  AMILIABLE PRIOR TO COMPLETION OF CAUSE											
							OF DEATH?  1  YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only one)						
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF IN. (Month, Day,		4 Nursing Hone E OF 28c, IN.	URY AT	6 ☐ Other (Specify)  26d. DE\$CRIBE HO	W INJURY O	CCURED				
2 Accident investigation 3 Suicide 6 Could not it 4 Homicide determined	26e. PLACE OF II	NJURY — At home, ferm, . (Specify)	street, factory, offic	•	28f. LOCATION (Stre City or Town, Str		ber or Rural Route Number,				
ana)	YSICIAN: To the best of my						stated. the cause(s) and menner as stated				
296. SIGNATURE AND TITLE OF CERTIF	eu, a	n)		29c. LICENSE NUI	MBER	29d. D	3/18/94				
30. NAME AND ADDRESS OF PERSON	r, un	10810	Con	. Are	, Kes	sin.	gton, md				
MAR 2 3 1994	32. REGISTRAR'S	SIGNATURE					Tari (ne)				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

Vii.	78	ø	9
*	الاقت	9-3	Parise
	YLAND 21215-0020	by the hospital or attending physician.	be detached for use as the burial-transit nermit Paged in
	>	5	9

BALTIMORE, MARY DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)				DE/(III	2. DATE OF DEATH		3. TIME OF DEATH		
	CAMILLE R.	NEAGLE				MARCH 18,	1994 YEAF	5:30 P M		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIF	RTNPLACE (State or Foreign		
	579-60-2706  9a. FACILITY NAME (If not institution, give str		00 YRS.	OTTY TOWN O	R LOCATION OF D	JUNE 29,		ASHINGTON, DC		
DIRECTOR	5409 GOLF LANE			ROCKVI				GOMERY		
JE	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY		
	MARYLAND MONT	<b>IGOMERY</b>	ROCK	VILLE				LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
Ä	5409 GOLF LAN	NE			2085	52	USA			
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? TYPE YES				NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. R/	ACE — American Indien, lack, White, etc.		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WITH OR D	ATES		2 NO Specif		100	pecify:		
	1917-1919 X  15. DECEDENT'S EDUCATION  16a. DECEDENT'S USUAL OCCUPATION					165 KIND OF BUI	SINESS/INDUSTRY	WHITE		
	(Specify only highest grade completed) (Give kind of work done during most of work					IOU. KIND OF BO	31NE33/1ND031N			
7	Elementary/Secondary (0-12) College (1-4 or 5+)  AUDIT CLERK II.S. GOVERNM							TT.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden				
BE C	FRANKLIN O.	RABBITT		i	ELIZABE	ETH F	RYAN			
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street ar	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)			
F	JANE N. WHALEN		5409 GO	LF LAN	E, ROCK	WILLE, MD	20852			
	20e. METNOD OF DISPOSITION  1 \( \frac{Newton}{2} \) Date  20b. PLACE AND DATE OF DISPOSITION (Name of complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete Complete									
			RLINGTON N							
	21. SIGNATURE OF PUNERAL SERVICE LICE	71 (1)		FRANCI	S J. COI	LINS FUNE	RAL HOME	INC.		
	· ( Lunnui)	V. Cole		500 UN	IVERSITY	BLVD., W.	, SIL.	SP., MD 20901		
	23. PART i. Enter the diseeses, pr coahock, pr haert failure. L	omplications that caused ist only one cause on a	the deeth. Do not a	enter the mod	le of dying, auc	th as cardiac or reep	iratory arrest,	Approximate interval Between Onset and Death		
	disease or condition  Servel, Derman Tra									
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):								
z										
5	Sequentially liet conditione, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or injury									
E I	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST									
CERTIFICATION	d									
AL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  AMRIAGE.									
Dic l	Congesting	heart Jack				1 YES 2	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME		/			_			1 YES 2 NO		
PHYSICIAN: MEDIC										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
YSI	1 YES 2 NO	1 Inpetient 2 ER/Outp			5 🗆 Residence	8 Other (Specify)				
H	27. MANNER OF DEATN  1 🕅 Netural 5 🗍 Pending	28a. DATE OF INJURY (Month, Day, Year)	286. TIME OF	WOR	RK?	28d. DEŞCRIBE NOW I	NJURY OCCURED			
ВУ	2 Accident Investigation				ES 2 NO					
0	3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, ferm, atree :ify)	t, factory, offica		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER									
MPI	(Check only	IAN: To the best of my know								
Ö		: On the beele of examination	n end/or investigation, in	my opinion, de			d due to the ceus	e(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE DF CERTIFIER	2			29c. LICENSE NUI	MBER (A)	29d. DATE SIGN	IED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETENTALISE OF THE	ATM (ITEM ATM CT.)		1307	74-111)	3/2	6194		
					NT T.7 T.7	a a b d m = t =	D 0 000	15 2000		
	Michael T. Keegan	, M.D., 5401	WARCONS 11	ı Ave.,	N.W. Wa	ashington,	D.C.200	713-7330		
	MAK 2 3 1994	0								
			AV							

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE O	F DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) CECIL Normantce	ecil E. No	orment		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AG 238-09-1465 5. SEX 8. AG	GE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	B HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	10	B. BIRTHPLACE (State or Foreign Country) North Carolina			
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number)  Suburban Hospital  RESIDENCE OF DECEDENT			n or Location of DE hesda	EATH		ry of DEATH Itgomery			
EC	100. STATE 10b. COUNTY	10c. CIT	Y, TOWH DR LOC	CATION			tod, INSIDE CITY			
	None None		Washing	gton, D.C.		·	1 X YES 2 NO			
FUNERAL	4000 Cathedral Avenue, N.W			20016		ted States				
В	11. MARITAL STATUS  t Never Merried 2 X Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	ES 2 NO	If yea,	DECENDENT OF HISPAN specify Cuban, Maxicar (ES 2 X ND Specify	or No—	14. RACE — American Indian, Black, White, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of v life. Do NOT us	work done during		16b. KIND OF BUS	SINESS/INDU	STRY			
MPL	2	Owner	,		Retail		Shop			
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	Sumame)				
BE	Thomas Edgar Norment	1			Lippard					
5	19a. INFORMANT'S NAME (Type/Print)  Collette J. Norment	4000	Cathedr	al Ave.,	Boute Number, City or Town / B N . W . , Wash	n, State, Zip C	n. D.C. 20016			
	1 ☐ Buriel 2 ☐XCremation 3 ☐ Removal from State	20b. PLACE AND DATED cemetery, crematory or or								
	Montgomery Crematorium, Inc. Bethesda, Maryland  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO0846  MO									
	Michael & Storm	ø M0084	6 Robe Chev Beth	rt A. Pumr y Chase, esda, Mar	ohrey Fune Inc. 7557 yland 208	ral Ho Wiscor 14-35(	ome/Bethesda- nsin Avenue Ol			
;	23. PART I Enter the diseases, or complications have caused abook, or heart failure. List only on the on IMMEDIATE CAUSE (Final disease or condition resulting in death)	sed the death. Do not seach line.	e L	node of dying, such Wock	as cardiac or respi	ratory arres	st, Approximate Interver/Between Grayt and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL	PART II. Opher significant conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WAS AN AUTOPSY PROPRIED TO COMPLETION OF CAUSE OF DEATH?  I YES 2 THO SOME PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
₫	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: A		OTHER:	PLACE OF DEATH (Che	ack anly one)					
HYS	1 YES 2 NO 1 Input lent 2 ERION  27. MANNER OF BEATH  28s. DATE OF BLICK	RY 200 TIM	4 III Nursing H	Injuny AT	8 D Other (Specify). 28d, DESCRIBE HOW II	NUURY OCCU	PRED			
ВУР	1 Natural 5 Pending (Month, Oley, Year) 2 Accident Investigation	§ INJ		WORK7 VES 2 NO						
		JRY — At home, farm, a (peofy)	street, factory, of	ffice	26f. LOCATION (Sheef and Number or Rural Pouts Number City or Toen, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my km one) 2 MEDICAL EXAMINER: Dn the basis of examinary									
H	296. SIGNATURE AND TUTLE OF CERTIFIER X	1	Sul	20c. LICENSE NUM	1948/	29d. DATE	SIGNATO (Managinay, Year)			
٤	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH OTEM 27) (Type	Printi	1 /10	1170	9	1.01/			
1	J. Blaine Fitzgerald M.D.  31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SH	8218 Wisc	onsin /	Avenue. Be	thesda, Ma	irvlan	nd 20814-3107			
	MAR 2 3 1994 June Davids	Jon-Mandelle	_							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit germit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

DHMH-16 Rev 1/89

BAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burkal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examin
ñ	after c	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	ical e
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į	3W	Dept.	23
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	The	Cate P	ltem.
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	FOR	OTATE OF 1									
	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND / D Cef		IENT OF H ATE OF			MENTAL HYG REG.			
Į.	1. DECEDENT'S NAME (First, Middle CHARLES W. N			ſ	Diche	ol 5		2. DATE OF DEAT	H	ağû	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215 26 5628	5. SEX	6. AGE (In yrs. lest bit	//	UNDER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yell 1-20-19)	, ,		LACE (State or Foreign
N.	90. FACILITY NAME (If not institution PENINSULA REG		L CENTER	9b.	9b. CITY, TOWN OR LOCATION OF DEATH SALISBURY  9c. COUNTY OF DEATH WICOMICO						ATH
5	RESIDENCE OF DECEDI	COUNTY									
DIRECTOR	DE.	Sussex	OWN OR LOCAT	FION				- 1	10d. INSIDE CITY LIMITS?		
	10e, STREET AND NUMBER	Delr		I. ZIP CODE			40a CIT		TAT COUNTRY?		
ERA	Rt#2 Box 410				19940 US						TAI COUNTRY?
Y FUNERAL	11. MARITAL STATUS  1 Never Married 2 X Marri		IT EVER IN U.S. ARME VES 2 NO	D	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. II yea, specify Cuban, Maxican, Puerto Rican, etc.)					14. RACE	- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	Korea	ın			Y	-,,				White
COMPLETED	Elementary/Secondary (U-12) College (1-4 or 5+)				IAL OCCUPATION done during monthined.)	ON ost of workin	99	16b. KIND OI	BUSINESS/INC	DUSTRY	
₹ E	10	k Dri	iver			Truck	ing Co.				
00	17. FATHER'S NAME (First, Middle,							ME (First, Middle, Me			
BE	Earl T. Nich							Mae Pa			5
2	19a. INFORMANT'S NAME (Type/Pr							oute Number, City o		Code)	
		nois					mar,	De. 19			
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 4 Donation 5 Other (Spec	illy)	20b. PLACE AND cemetery, cremate St. Ste	tory or other o	plecel				e.Location — Delmar,		n, State
	21. SIGNATURE OF FUNERAL SEP		22. NAME AN								
CYG	Short Funeral Home, Inc. P.O. Box 204 Delmar, De. 19940										
5	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
	IMMEDIATE CAUSE (Finel disease or condition	shock, or heert fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Finel  Onset and D									Onset and Death
i di	resulting in death)	a. DUE TO	(OR AS A CONSEQUE	ENCE OF):	CE OF:					SECONDS	
NO	Sequentially list conditions,	b. CON O	GESTIVE	ENCE OF):	CAR	DIU	my	10 PA	MY		12 mints
CAT	if any, leading to immediate cause. Enter UNDERLYING	. Seve		-	20NA	RY	Az	tery.	lice	asc	Isyh
CERTIFICATION	CAUSE (Disease or injury thet initieted events resulting in death) LAST	OUE TO	(OR AS A CONSEQUE		,				W-1-3	V / ~	15/15.
5	PART II. Other significant co	andisions contribusion to	death had and and	.10111						-	1
MEDICAL	Ventary of	A Anew dism	lym,	J4y	per /	pia	em	PE	S AN AUTOPSY REORMED? ES 2 NO		WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
N N											
PHYSICIAN:	25. WAS CASE REFERRED TO MEI EXAMINER? YES 2 D NO	HOSPITAL:	☐ ER/Outpetlant 3√		THER:			ck only one)  8  Other (Specify)			
BY PHY	27. MANNER OF OEATH  1 Netural 5 Pendi 2 Accident Invest	28a. OATE OF (Month, E		86. TIME OF	WO	URY AT ORK? YES 2	NO	28d, DESCRIBE H	OW INJURY OC	CURED	
ED B	2 Accident Invest 3 Suicide B Could 4 Homicide deterr	not be 28e. PLACE C	OF INJURY — At home, atc. (Specify)	, ferm, stree	t, fectory, offic	•		281. LOCATION (SI City or Town, S	reet and Number State)	or Rural Ro	ute Number,

29d. DATE SIGNED (Month, Day, Year)

3,19,94 29c. LICENSE NUMBER 0/8631. DATE FILED (Month, Cay, Year)
MAR 2 1 1994 547 El Riverside - INternal Salistora 32. REGISTIAR'S SIGNATURE

(17)

TO BE COMPLETED

29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED. On the best of my 2 MEDICAL EXAMINER: On

BALTIMORE, MARYLAND 21215-0020 hospital or attending physiol ached for use as the tunial-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after feath. Page 5 may be interest by the	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filed in by the tuneral director, page 5 should be detailed within 20 hours after death with the State Days of Health and Mental Horisons note to burish cremation of progressions.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMEN	OF H	EALTH AN	D MEN	ITAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	III I O D I O	11.1					ATE OF DEATH	W 1	3. TIME OF DEATH	1
	HOMAS 4. SOCIAL SECURITY NUMBER	VINCENT	Nich				1		21, 199		A .
	217-18-2011	5. SEX 6. A	GE (In yrs. last birthday) 76 YRS.	MONTHS	DAYS	IF UNDER 24 HR HOURS MIN	s. 7. 0	ATE OF BIRTH Month, Day Vaer)	1918	L BIRTHPLACE (State or Fore Maryland	elgn
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY C										
품	Residence Rt. 1 H					esville				rles	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY, TOWN OR LOCATION								
I E		narles		Hugh			10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER			iiagii		ZIP CODE			10a, CITIZE	1 TYES 2 X	10
FUNERAL	Rt. 1, Box 273D				1,500	2063	37		SA		
15	11. MARITAL STATUS	12. WAS DECEDENT EVE						RIGIN? (Specify Yes	or No 14	4. RACE — American Indian Black, White, etc.	n,
BY B	1 Never Married 2 Married 3 Wildowed 4 Divorced		RCES? 1 $\times$ YES 2 NO If yes, specify Cuban, Mexican, YES, CIVE WAR OR DATES 1 YES 2 NO Specify: 1 YES 2 NO Specify:					Prio Hicari, etc.)		Specify:	
	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL O	CCUPATIO	AI .		165 KIND OF BUS	INFESC (INFO III	White	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done	during mos	at of working		16b. KIND OF BUSINESS/INDUSTRY			
기록		2	Sales	Agen	t			Insu	rance		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Harry Nicholson							irst, Middle, Maiden Knott	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		1								
2	Eugene D. Potter							Number, City or Town			
8	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE				-			ty or Town, Stata	
	1 Burial 2 Cremation 3 Ramo	oval from State	Huntt Cr							, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE)				D ADDRESS OF	FACILITY	1			
area .	Mark G. brohawn M00053 Huntt Funeral Home P. O. Box 156, Waldorf, MD 20604-0156										
5	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,										
	IMMEDIATE CAUSE (Final									Onset and	
	disesse or condition resulting in death)	Cznc	erv	MS	?					6 mg	0,
200	disease or condition resulting in death)  Due to (or as a consequence of):									L	
ERTIFICATION	Sequentially list conditions.  DUE TO (OR AS A CONSEQUENCE OF):										
SA LES	cause. Enter UNDERLYING										
TIF	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	HF):							
	resulting in death) LAST										
3	PART II. Other significant conditions	contributing to deat	h but not resulting	In the ur	ndertyling	csuse given	In Part	I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FIN	
MEDICAL								1 TES 2		AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	
ME										1 - YES 2 N	0
AN.	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHE	R:	ACE OF DEATH					
HYS H	27. MANNER OF DEATH	1 Inpetient 2 ER/C	RY 28b, TIR	_	aing Home	5 Residen	_	Other (Specify) DESCRIBE HOW II	NJURY OCCU	RED	_
ВУ Р	1 Netural 5 Pending	(Month, Day, Yea	Ir) IN	JURY	WOR	RK? ES 2 NO					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU- building, etc. (5	JRY — At home, farm,	street, fac	tory, office				and Number or	Pural Route Number,	
ETE!	4 Homicide detarmined		-,,/					City or Town, State)			
COMPLETE		CIAN: To the best of my kr									
S S	one) 2 MEDICAL EXAMINER	R: On the basis of examina	ation and/or investigation	on, In my o	opinion, de	eth occured at	the lime,	date and place, an	d due to the o	cause(s) and manner as sta	rted.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	/ < .	1 un	1		29c. LICENSE		,	29d. DATE S	SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM OF (	<i>L</i>		DOO.	50	6	<b>▶</b> 3/	21/94	

997 Old R+5

32. HEGISTRAPIS SIGNATURE

JUNA DEVICES PROPERTY

L.W.Berube, M 31. DATE FILED (MONTH, Day, Year) MAR 2 3 1994

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programme 19

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

4. SOCIAL SECURITY NUMBER 214-32-9182  5. SEX 1	DOTIS  Elizabeth  NOTTIS  March 11, 1994  2:35  4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 5. AGE (In yrz. lest birthday) 1	L SECURITY NUMBER  1. SEX  2. SAGE (In yrz. lest birthday)   FUNDER 1 YEAR   FUNDER 24 MBS.   7. DATE OF BIRTH (Month, Day, West)   1. M 2 \( \text{T} \) F \( \text{ 60} \) YRS.   MONTHS   DAYS   HOURS   MBN.   Feb 9 , 1934   Monthy   Feb 9 , 1934   Monthy   Feb 9 , 1934   Monthy   Feb 9 , 1934   Monthy   Feb 9 , 1934   Monthy   Feb 9 , 1934   Monthy   Feb 9 , 1934   Monthy   Feb 9 , 1934   Monthy   Feb 9 , 1934   Monthy   Maryland   Mechanicsville   St. Mary's   Mechanicsville   St. Mary's   Mechanicsville   St. Mary's   Mechanicsville   Mechanicsville   St. Mary's   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanicsville   Mechanics	4, 5 9e,	DOTIS SOCIAL SECURITY NUMBER 214-32-9182 FACILITY NAME (If not institution, give street 13901 Ryceville Febidence of decedent  STATE 106. COUNTY	5. SEX 6. A  1 M 2 F  eet end number)	AGE (In yrs. last birthday,	1011111				3. TIME OF DEATH		
Doris  Elizabeth  Norris  A. SOCAL SCURITY NUMBER 214-32-9182  1	Doris   Elizabeth   Nortis   March 11, 1994   2:35	LISCRITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)  FUNDER 1 YEAR FUNDER 24 MB.  1-32-9182  1	4, 5 9e. RE 10e	SOCIAL SECURITY NUMBER  214-32-9182  FACILITY NAME (If not Institution, give street  13901 Ryceville Febidence of Decedent  STATE 106. COUNTY	5. SEX 6. A  1 M 2 F  eet end number)	AGE (In yrs. last birthday,			2. DATE OF DEATH	W WF18			
4. SOCIAL SECURITY NUMBER 214-32-9182  1	4. SOCIAL SECURITY NUMBER 214-32-9182  1	A SECURITY NUMBER  1 - 32 - 9182  1 - M 2 F 60  VRS.  6. AGE (in yrs. last birthday) 1 - M 2 F 60  VRS.  6. AGE (in yrs. last birthday) 1 - M 2 F 60  VRS.  6. AGE (in yrs. last birthday) 1 - M 2 F 60  VRS.  MONTHS  DAY'S  HOUNS  MAN.  P UNDER 17 EAR F UNDER 12 4 MIS. F 60 9 , 1934  MORTHAIN  ANTY SHAME (if not institution, give street end number)  96. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  10d. INSIDE CITY  10d. INSIDE CITY  10d. INSIDE CITY  10d. INSIDE CITY  10d. INSIDE CITY  10d. INSIDE CITY  10d. INSIDE CITY  10d. INSIDE CITY  10d. INSIDE CITY  10d. I	9e.	214-32-9182  FACILITY NAME (If not institution, give street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the street in the stree	5. SEX 6. A  1 M 2 F  eet end number)	AGE (In yrs. last birthday,	Norr	is			2:35 A		
99. CITY, TOWN OR LOCATION OF DEATH  13901 Ryceville Road  109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. STATE 109. ST	214-32-9182  1	Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type   Type	9e.	FACILITY NAME (If not institution, give street 13901 Ryceville Fesidence of decedent 10b. county	eet end number)		_		7. DATE OF BIRTH	B. BIRT	HPLACE (State or Foreign		
13901 Ryceville Road   Mechanicsville   St. Mary's   10c. CITY, TOWN OR LOCATION   10d. INSIDE CITY   LIMITS?   1	13901 Ryceville Road   Mechanicsville   St. Mary's	Mechanics ville  St. Mary's  Mechanics ville  10b. COUNTY  St. Mary's  Mechanics ville  10c. CITY, TOWN OR LOCATION  Mechanics ville  10d. INSIDE CITY  LIMITS?  11 YES 2 NO  SEET AND NUMBER  20659  St. Mary's  Mechanics ville  10d. INSIDE CITY  LIMITS?  11 YES 2 NO  SEET AND NUMBER  20659  St. Mary's  St. Mary's  St. Mary's  St. Mary's  10d. INSIDE CITY  LIMITS?  10d. INSIDE CITY  LIMITS?  10d. INSIDE CITY  LIMITS?  10d. INSIDE CITY  LIMITS?  10d. INSIDE CITY  LIMITS?  10d. INSIDE CITY  LIMITS?  10d. INSIDE CITY  LIMITS?  10d. INSIDE CITY  LIMITS?  10d. INSIDE CITY  LIMITS?  10d. INSIDE CITY  LIMITS?  10d. INSIDE CITY  LIMITS?  10d. STILE YES 2 NO  Sective on No  If yes, apecify cuben, Mexicen, Puerto Rican, etc.)  11 YES 2 NO Specify:  White  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Inside Not use refined.)  Home  16. MOTHER'S NAME (First, Middle, Lest)  16. MOTHER'S NAME (First, Middle, Meiden Surname)  Ethel Marie Ridgell  Ridgell  18. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)	FIE 10e	13901 Ryceville F		60 YRS.			Feb 9, 193	34 Ma			
106. COUNTY   106. COUNTY   106. COUNTY   106. COUNTY   106. CITY, TOWN OR LOCATION   106. CITY LIMITSTY   1   YES 2 \( \) NO   106. STREET AND NUMBER   13901 Ryceville Road   101. ZIP CODE   20659   St. Mary's   1   YES 2 \( \) NO   St. Mary's   1   YES 2 \( \) NO   St. Mary's   1   YES 2 \( \) NO   St. Mary's   1   YES 2 \( \) NO   St. Mary's   1   YES 2 \( \) NO   St. Mary's   1   YES 2 \( \) NO   St. Mary's   1   YES 2 \( \) NO   St. Mary's   1   YES 2 \( \) NO   St. Mary's   1   YES 2 \( \) NO   Specify   Yes or No- If yes, specify Cuben, Mexicen, Pourto Rican, etc.)   1   YES 2 \( \) NO   Specify   Yes or No- If yes, specify Cuben, Mexicen, Pourto Rican, etc.)   Yes 2 \( \) NO   Specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes, specify   Yes or No- If yes   Yes 2 \( \) No   Specify   Yes or No- If yes   Yes 2 \( \) No   Specify   Yes or No- If yes   Yes 2 \( \) No   Specify   Yes   Yes 2 \( \) No   Specify   White   Yes 2 \( \) No   Specify   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Y	10c. STATE   NAME   10b. COUNTY   Name   10c. CITY, TOWN OR LOCATION   10c. CITY, TOWN OR LOCATION   10c. CITY   10c. CITY, TOWN OR LOCATION   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c. CITY   10c.	THE TOBL COUNTY St. Mary's Mechanicsville  10c. CITY, TOWN OR LOCATION Mechanicsville  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. INSIDE CITY LIMITS? 1   YES 2 \( \) NO  10d. CITIZEN OF WHAT COUNTRY?  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11d. YES 2 \( \) NO  11	10e	state 10b. COUNTY									
Maryland   St. Mary's   Mechanicsville   1   ves 2 No   No   No   No   No   No   No   No	Mary and   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary	St. Mary's   Mechanicsville   1   YES 2   NO	1	Maryland   St. M	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								
13901 Ryceville Road   20659   St. Mary's	13901 Ryceville Road   20659   St. Mary's	20659   St. Mary's			Mary's	1	Mechan	icsville					
1   Never Married   2   Merried   3   Merried   3   Wildowed   4   Divorced   1   YES   2   NO   Specify: White, stc.   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   2   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify: White   1   YES   X NO   Specify:	Never Married   2   Merried   1   YES   2   NO   If YES, GIVE WAR OR DATES   1   YES   2   NO   1   YES   2   X NO   Specify Cuben, Mexicen, Puerto Rican, etc.)   Specify: White   Specify Cuben, Mexicen, Puerto Rican, etc.)   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specify: White   Specific   Speci	FORCES? 1 VES 2 NO Specify Cuben, Mexicen, Puerto Rican, etc.)  If yes, apecify cuben			Road								
Comparing the completed   Content of the completed   Content of the completed   Content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the	Elementary/Secondary (0-12)   Cotlege (1-4 or 5+)   Home	(Specify only highest grade completed)  In Grade  Cottege (1-4 or 5+)  Homemaker  Homemaker  Homemaker  Homemaker  Is. MOTHER'S NAME (First, Middle, Last)  Egnatius  Hammett  Ethel  Marie  Ridgell  SPRMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1	Never Married 2 X Merried	FORCES? 1 Y	YES 2 NO	If)	yes, specify Cuben, Mexic	en, Puerto Rican, etc.)	Blac Spec	olly:		
17. FATHER'S NAME (First, Middle, Lest)  Ignatius  Hammett  Ethel  Marie  Ridgell  190. INFORMANT'S NAME (Type/Print)  Robert D. Norris  190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  Robert D. Norris  200. METHOD OF DISPOSITION  1 Spuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  A Marie  100. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  13901 Ryceville Rd., Mechanicsville, Md. 20659  206. METHOD OF DISPOSITION  1 Spuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  Charles Memorial Gardens  1 Leonardtown, Md.  22. NAME AND ADDRESS OF FACILITY  Mattingley-Gardiner Funeral Home, P.A.	17. FATHER'S NAME (First, Middle, Lest)  Ignatius  Hammett  Ethel  Marie  Ridgell  190. INFORMANT'S NAME (Type/Print)  Robert D. Norris  190b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  13901 Ryceville Rd., Mechanicsville, Md. 20659  200. METHOD OF DISPOSITION  200b. PLACE AND DATE OF DISPOSITION (Name of DATE Conception)	PRIS NAME (First, Middle, Lest)  16. MOTHER'S NAME (First, Middle, Meiden Surneme)  Ignatius Hammett Ethel Marie Ridgell  PRIMANT'S NAME (Type/Frint)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)		(Specify only highest grade of	completed)	(Give kind a	f work done du	CUPATION ring most of working	166. KIND OF BU	SINESS/INDUSTRY			
Ignatius Hammett Ethel Marie Ridgell  190. INFORMANT'S NAME (Type/Print)  Robert D. Norris  13901 Ryceville Rd., Mechanicsville, Md. 20659  200. METHOD OF DISPOSITION 1 Squriel 2 Gremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A.	Ignatius Hammett Ethel Marie Ridgell  190. INFORMANT'S NAME (Type/Print)  Robert D. Norris  13901 Ryceville Rd., Mechanicsville, Md. 20659  200. METHOD OF DISPOSITION  200. PLACE AND DATE OF DISPOSITION / DATE  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State	Ignatius Hammett Ethel Marie Ridgell  RMANT'S NAME (Type/Frint)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	_			Homer	maker						
199. INFORMANT'S NAME (Type/Print)  Robert D. Norris  13901 Ryceville Rd., Mechanicsville, Md. 20659  208. METHOD OF DISPOSITION  1 Started 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. Place AND DATE Of DISPOSITION (Name of Cemelery, crematory or other place)  Charles Memorial Gardens  12. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A.	199. INFORMANT'S NAME (Type/Print)  Robert D. Norris  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  13901 Ryceville Rd., Mechanicsville, Md. 20659  20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of Date 20c. LOCATION — City or Town, State	PRMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	17.		Нэт	matt		0.00			2:30017		
Robert D. Norris  13901 Ryceville Rd., Mechanicsville, Md. 20659  20s. METHOD OF DISPOSITION 1 State 2 Cremetton 3 Removal from State 2 Cremetton 3 Removal from State 2 Cremeton, cremetory or other place) 4 Doneston 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A.	Robert D. Norris  13901 Ryceville Rd., Mechanicsville, Md. 20659  200. METHOD OF DISPOSITION  200. PLACE AND DATE OF DISPOSITION (Name of DATE 200. LOCATION — City of Town, State		190		nall		G ADDRESS (				ragett		
20b. PLACE AND DATE OF DISPOSITION  1 (YBuriel 2 Cremation 3 Removal from State demotion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Charles Memorial Gardens  12. NAME AND ADDRESS OF FACILITY  Mattingley-Gardiner Funeral Home, P.A.	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State	10001 Ryceville Rd. / Recharited Ville, Inc. 2007	1	Robert D. Norris							1. 20659		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Mattingley-Gardiner Funeral Home, P.A.	1 V Buriel 2 Cremation 3 Removal from State cemetery, crematory or other place)	HOD OF DISPOSITION    20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)   DATE	15	¥Buriel 2 ☐ Cremation 3 ☐ Remov	val from State	20b. PLACE AND DATE cemetery, crematory or	E OF DISPOSITI	ION (Name of	DATE 20c. LO	CATION — City or T	own, State		
P.O. Box 270, Leonardtown, Maryland 2065	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 20	Charles Memorial Gardens Leonardtown Md		· michael	X La	rdiner)	22. NA Ma P. (	ame and address of Fa ttingley-Ga O. Box 270	ardiner Fur Leonardto	neral Hon	ne, P.A.		
immediate cause (Final disease or condition resulting in death)  a. Multipustum Neurological Degenerative Property Yes	IMMEDIATE CAUSE (Final	TILE Har the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, interval Between the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the c											
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Box 270, Leonardtown, Maryland 2065  Approximate interval Between Onset and Death Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):  Due to (or As A consequence of):	res	suiting in death) LAST	contributing to dest	th but not resulting			1 [] YES 2	NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
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Robert D. Norris  13901 Ryceville Rd., Mechanicsville, Md. 20659  20s. METHOD OF DISPOSITION 1 (VPauriel 2   Cremation 3   Removal from State   Commetery, crematory or other place)   Charles Memorial Gardens   Leonardtown. Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE   Public Licensee   Charles Memorial Gardiner Funeral Home, P.A.	Robert D. Norris  13901 Ryceville Rd., Mechanicsville, Md. 20659  20e. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of Date 20c. LOCATION — City of Town, State		190		Ham		G ADDRESS (				Ridgell		
199. INFORMANT'S NAME (Type/Print)  Robert D. Norris  13901 Ryceville Rd., Mechanicsville, Md. 20659  208. METHOD OF DISPOSITION  1 Started 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. Place AND DATE Of DISPOSITION (Name of Cemetery, crematory or other place)  Charles Memorial Gardens  12. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A.	199. INFORMANT'S NAME (Type/Print)  Robert D. Norris  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  13901 Ryceville Rd., Mechanicsville, Md. 20659  20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of Date 20c. LOCATION — City or Town, State	PRMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	17.		Llagran	mo++		0.00			748-11		
Ignatius Hammett Ethel Marie Ridgell  199. INFORMANT'S NAME (Type/Print)  Robert D. Norris  13901 Ryceville Rd., Mechanicsville, Md. 20659  208. METHOD OF DISPOSITION 1 Squriel 2 Gremation 3 Removal from State Commetter, crematory or other place) 4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  A Marie Ridgell  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1 Squriel 2 Gremation 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of Commetter), crematory or other place)  Charles Memorial Gardens  1 Leonardtown, Md.  22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A.	Ignatius Hammett Ethel Marie Ridgell  190. INFORMANT'S NAME (Type/Print)  Robert D. Norris  13901 Ryceville Rd., Mechanicsville, Md. 20659  200. METHOD OF DISPOSITION  200. PLACE AND DATE OF DISPOSITION / DATE  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State	Ignatius Hammett Ethel Marie Ridgell  RMANT'S NAME (Type/Frint)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		Elementary/Secondary (0-12)		Me. Do NOT	use retired.)		Home				
Elementary/Secondary (0-12)   Coffege (1-4 or 5+)   Homemaker   Home	Elementary/Secondary (0-12) Coffege (1-4 or 5+)  8th Grade  17. FATHER'S NAME (First, Middle, Lest)  Ignatius  Hammett  18. MOTHER'S NAME (First, Middle, Meiden Surneme)  Ethel  Marie  Ridgell  190. INFORMANT'S NAME (Type/Print)  Robert D. Norris  190. MAILING ADDRESS (Street end Mumber or Rural Route Number, City or Town, State, Zip Code)  13901 Ryceville Rd., Mechanicsville, Md. 20659  200. METHOD OF DISPOSITION  200. PLACE AND DATE OF DISPOSITION (Name of	Iffe. Do NOT use retired.) HOMEMAKER HOME SR'S NAME (First, Middle, Last)  Egnatius Hammett Ethel Marie Ridgell  PRMANT'S NAME (Type/Frint)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	3 [	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT	'S USUAL OCC	CUPATION		Wh:			
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10c. STATE   10b. COUNTY   St. Mary's   10c. CITY, TOWN OR LOCATION   Mechanics   10d. Inside CITY Limits   11   12   12   22   NO   10c. STREET AND NUMBER   13901 Ryceville Road   10l. ZIP CODE   20659   St. Mary's   1   VES 2\( \frac{1}{2} \) NO   ST. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. ZIP CODE   20659   St. Mary's   10l. 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STATE   10b. COUNTY   St. Mary's   10c. CITY, TOWN OR LOCATION   Mechanics ville   10d. INSIDE CITY   Mechanics ville   10d. STREET AND NUMBER   13901 Ryceville Road   10d. ZIP CODE   20659   St. Mary's   10d. STREET AND NUMBER   12. WAS DECEDENT EVER IN U.S. ARMED   FORCES? 1   YES 2 NO   12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify vee or No- If yes, apecify Cuben, Mexicen, Puerto Rican, etc.)   14. RACE   Ramerican India Black, White, atc.   Specify: White   15. DECEDENT'S EDUCATION   (Specify only highest grade completed)   16d. DECEDENT'S USUAL OCCUPATION   (Specify only highest grade completed)   16d. Morties refired.)   16d. Morties refired.)   16d. Morties refired.)   16d. Morties refired.)   16d. Morties Name (First, Middle, Meiden Surreme)   16d. Morties Name (First, Middle, Meiden Surreme)   16d. Morties Name (First, Middle, Meiden Surreme)   16d. Morties Rical Route Number or Rural Route Number. City or Town, State, Zip Code)   13901 Ryceville Rd., Mechanicsville, Md. 20659   20e. METHOD OF DISPOSITION   50e. DECEDENTION   50e. DECEDENTION   50e. DECEDENT OF Number or Rural Route Number. City or Town, State   50e. Location - City or Town, State	The stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the stand of the s	10e	state 10b. COUNTY	Road	60 YAS.	9b. CITY, T	TOWN OR LOCATION OF D					
99. FRACILITY NAME (in of institution, give street end number) 99. FRACILITY NAME (in of institution, give street end number) 99. CITY, TOWN OR LOCATION OF DEATH 13901 Ryceville Road 100. STATE 100. STATE 100. STATE 100. STATE 13901 Ryceville Road 100. STREET AND NUMBER 13901 Ryceville Road 100. STREET AND NUMBER 13901 Ryceville Road 11. MARTIAL STATUS 12. WAS DECEMBENT EVER IN U.S. ARMED FORCES? 1   YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 2   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES 3   NO If YES	214-32-9182  1	The country of death   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary   St. Mary	9e.	FACILITY NAME (If not institution, give street 13901 Ryceville Fesidence of decedent 10b. county	eet end number)		) IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRT	HPLACE (State or Foreign		
4. SOCIAL SECURITY NUMBER 214-32-9182  5. SEX 1 M 2 ST 6 60  7. DATE OF BIRTH Country Month, Day, New Men. Feb 9, 1934  8. BIRTHPLACE (State or Foreign Country) Maryland  96. CITY, TOWN OR LOCATION OF DEATH 13901 Ryceville Road  Mechanicsville  106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 106. STATE 107. STATUS 107. STATUS 108. STATUS 109. STATE 109. STATE 109. STATE 109. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. 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STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100.	4. SOCIAL SECURITY NUMBER 214-32-9182  5. SEX 1 M 2 T 60 Window, lest birthday) 214-32-9182  5. SEX 1 M 2 T 60 Window, lest birthday) 3 M 2 T 60 Window, lest birthday) 3 M 2 T 7 Window, lest birthday) 4. SOCIAL SECURITY NUMBER 214-32-9182  5. SEX 1 M 2 T 60 Window, lest birthday) 3 M 2 T 7 Window, lest birthday) 4. SOCIAL SECURITY NUMBER 214-32-9182  5. SEX 1 M 2 T 7 Window, lest birthday) 4. SOCIAL SECURITY NUMBER 214-32-9182  5. SEX 1 M 2 T 7 Window, lest birthday) 4. SOCIAL SECURITY NUMBER 214-32-9182  5. SEX 1 M 2 T 7 Window, lest birthday) 5. SEX 1 M 2 T 7 Window, lest birthday 6. COUNTY OF DEATH 13901 Ryceville Road  10c. CITY, TOWN OR LOCATION Mechanicsville  10d. INSIDE CITY 10d. CITY OF WHAT COUNTRY? 1 Wes 2 T 10d. CITY Window, lest birthday 1 M Naviral STATUS 1 Windows A 1 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED 1 Windows A 1 Divorced  12. WAS DECEDENT EDUCATION 1 Windows A 1 Divorced  15. 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SOCIAL SECURITY NUMBER  214-32-9182  FACILITY NAME (If not Institution, give street  13901 Ryceville Febidence of Decedent  STATE 106. COUNTY	5. SEX 6. A  1 M 2 F  eet end number)	AGE (In yrs. last birthday,	Norr	ric	MONTH D		2:35 A		



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

DECEDENT'S NAME (First, Middle, I				744			2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
JAY	NIDO							?3	94	12:50 P.
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1		F UNDER 24 HRS.	7, DATE OF BIRTH (Month, Day, Year)		Count	IPLACE (State or Foreign
06-24-1323	1 M 2 - F	61	YRS.		- IN	JOHN MIN.	3-9-33		Per	insylvania
. FACILITY NAME (If not institution,	give street and number)			9b. CITY, "	TOWN OR L	LOCATION OF D	EATH	9c. COI	JNTY OF D	EATH
loward County C				Colum	mbia			Нот	ward	
esidence of Deceden			Me CIT	Y, TOWN OR	B LOCATION					10d, INSIDE CITY
Maryland How	ard			st Fri						LIMITS?
a STREET AND NUMBER	varu		WES	SC FIJ		P CODE		10a CI	TIZEN OF Y	1 YES X NO
l3710 Oster Far	m Pood					1794				States
. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.	ARMED	13 W			HIC ORIGIN? (Specify )		-	E - American Indian,
Never Married 2 🔀 Merried Widowed 4 🗍 Divorced	FORCES?	VAR OR DATES  Koreau	ON O	14	yes, specify		n, Puerto Rican, atc.)	ies or no	Spec	k, White, atc.
15. DECEDENT'S	EDUCATION		DECEDENT'S	USUAL OC	CUPATION		16b. KIND OF 8	USINESS/IN		re
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	i+)	(Give kind at life. Do NOT u	work done du rae retired.)	iunng most oi	working				
	5+		lectri	ical E	Engin	eer	US Gov	verme	nt	DT VETT
FATHER'S NAME (First, Middle, Las	()				16	B. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)		
ngelo Nido						Angel:	ina Pontor	nio		
. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street and I	Number or Rural	Route Number, City or T	iown, State, Z	ip Code)	
Mary Jo Nido			13710	0ste	er Fa	rm Rd V	West Friend	ndshi	p MD	21794
a. METHOD OF DISPOSITION	Beneval from State		CE AND DATE		ITION (Name o	of	DATE 20c.	LOCATION -	- City or To	wn, State
☐ Burial 2 🙀 Cremation 3 🗍 ☐ Donation 5 🗎 Other (Specify)	Nemoval from State	- Met		orium pracay		3-	28-94 Ca	atons	ville	e. MD
				22. N	NAME AND A	ADDRESS OF FA	28-94 Ca	atons	ville	e. MD
Donation 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE  A A A A A A A A A A A A A A A A A A A	or complications the	Met State Met caused the suse on each i	deeth. Do	Ha Ha 4]	arry 112 0	H Witzl	ke Funeral umbia Pk l	l Home Ellic	e Inc	City MD210
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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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31. DATE FILED (Month, Day: Year)

MAR 28 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR CYNTHIA LEE NOLAN MARCH 25. 1994 8:55 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign HOURS 1 M 2 TF 213-46-8150 ,1946 Maryland August 14 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH 8990 FAIRGROUNDS ROAD (RESIDENCE) DIRECTOR BEL ALTON CHARLES RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Charles Bel Alton 1 YES 2 XNO FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8990 Fairgrounds Road 20611 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married specify White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 186 KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Home Maker At Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James C. Hayden Eloise Murphy BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9105 Sadie Lane .La Plata, Md. 20646 Martha Kuster -Sister 20a. METHDO OF DISPOSITION
XXBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Trinity Memorial Gardens 3/28, Waldorf, Md. Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE UCENSES AREHART-ECHOLS FUNERAL HOME, INC. P.O. BOX 567, LA PLATA, MD. 20646 M-0017423. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CANCER OF HEAD I NECK CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 8 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER (Check only Legislation of the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examin tion and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Matte

D-28352

KRISHAN MATHUR, MD. 11340 PEMBROOKE SQUARE SUITE 213 WALDORF, MARYLAND 20603

12. NEGISTRAR'S SIGNATURE
Sulvis Davidson-Andres

DHMH-16 Rev 1/89

26

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CER	TIFICATE O	F DEATH	REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)		NITYON		2. DATE OF DEATH	AV YEAR	3. TIME OF DEATN		
	HARRY JOSEPH		NIXON		March 2	4, 1994			
8	4. SOCIAL SECURITY NUMBER 5. SEX 214-05-8928 1 M 2		HONTHS DAY		7. DATE OF BIRTN (Month, Day, Year) Feb 18, 1	.914 8. BIRTH	NPLACE (State or Foreign		
TOR	99. FACILITY NAME (If not institution, give street and number  Memorial Hospital  RESIDENCE OF DECEDENT	יי	96. CITY, TOW Cumbe	9c. COUNTY OF D					
DIRECTOR	MD 10b. COUNTY Allegany		c. CITY, TOWN OR LO umberla			10d. INSIDE CITY LIMITS? 1 YES 2 ND			
FUNERAL	1809 Bedford Street			21502		USA	WHAT COUNTRY?		
BY	t Never Merried 2 Merried FDRCES	EDENT EVER IN U.S. ARMED  1 7 YES 2 NO IVE WAR OR DATES  II	If yes,	Specify Cuben, Maxica (ES 24) NO Specify		Biaci	E — Americen Indian, k, White, etc. I'V: 1 te		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondery (0-12)  College (1-4	(Ghve kir	ent's usual occupy nd of work done during NOT use retired.)		I CALLON SHOWS	siness/industry kery			
NO.	17. FATNER'S NAME (First, Middle, Last)	11001	104	18. MOTNER'S NA	ME (First, Middle, Meiden	-4			
BE	John I. Nixon  190. INFORMANT'S NAME (Type/Print)	19h M4	UI ING ADDRESS /Stro	Agnes	Maloney  Route Number, City or Town	a State Tip Code			
2	Victoria Gordo				ad Middle	etown MI			
	20s. METHOD OF DISPOSITION  1X Buriel 2 Cremetion 3 Removal from State  4 Donetion 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  St. Mary's Cemetery  3/26 Cumberland, MD								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	apl,			umeral Ho Marylan		2		
	23. PART If Enter the diseases, or complication shock, or heart fellure. List only on-	cause on each line.					Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  A SPIRATION PREUMONIA  DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly liet conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
TION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Cause. Enter ÜNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  DUE TO (DR AS A CONSEQUENCE OF):								
E	d								
DICAL	PART II. Other eignificent conditions contributing	g to death but not resul	ting in the underly	ring cause given in	Part I. 24s. WAS AN PERFOR	MED?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
PHYSICIAN: ME					_   '		1 TES 2 ND		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Chi	ack only one)				
YSI	1 YES 2 ND Inpatient	2 ER/Outpatient 3 D	OTHER:	ome 5 🗆 Residence	8 Other (Specify)				
ВУ РН	1 Natural 5 Pending (Mo	E OF INJURY 28th	INJURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED			
	3 Suicide 250. PL/	CE DF INJURY — At home, 1 ding, atc. (Specify)	erm, atreat, tectory, o	Hica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	296. CERTIFIER (Check only one) t CERTIFYING PNYSICIAN: To the b						end menner as stated.		
	29b. SIGNATURE AND TITUE OF CERTIFIER			29c. LICENSE NUN	IBER	29d. DATE SIGNED	(Month, Jay Year)		
TO BE	Ulllan the	uum		D 254	06	▶ 3/2	4194		
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED William Lamm M.D.			Cumberla	ind, MD	21502			
	31. DATE FILED (Month, Day, Year) 32/AFG	STRAR'S SIGNATURE	14				-		

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTRAF

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			HILL	ICALE	UF	DEA	П		REG. NO.			
	t. DECEDENT'S NAME (First, Middle, Last)									OF OEATH			3. TIME OF DEATH
	Mary J	eanne 0	Leary						Mare			YEAR Q /	4:00 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	hirthdev)	IF UNDER 1	1 VEAR	IF UNDER	24 MBS	March 18, 1994			IPLACE (State or Foreign	
	200 20 2144	t □ M 2 😿 F		MONTHS DAYS HOURS MIN. (Month, Day, Year)						Countr	7/)		
	388-32-2144		60	ina,	Jan. 25,				25,	1934	Wis	consin	
- 8	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	INTY OF D	EATH
5	9221 Wooden Brid	ge Road			P	oto	mac				М	onto	omery
5	RESIDENCE OF DECEDENT								_			oneg	Omery
DIRECTOR	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OF	R LOCAT	ION						10d. INSIDE CITY
5	MD Mon	tgomery			Potom	120							LIMITS?
	10e. STREET AND NUMBER	egomer y			Potomac 101, ZIP CODE						100 CIT	TZEN OF Y	WHAT COUNTRY?
Æ	0001 ** 1 ** 1				22.00.000					log. Cit			
삦I	9221 Wooden Brid				20854						U.S.	A	
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARI		13. W	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN	? (Specify Yes	or No-	14. RACE	E — American Indian, k, White, etc.
BY	t Never Married 2 Therried  3 Widowed 4 Divorced	IF YES, GIVE Y					2 X NO			mount, area,		Speci	Control and
	3   Widowed 4   Divorced												White
COMPLETED	t5. OECEDENT'S EDU (Specify only highest grade		16e. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b.	KIND OF BUS	SINESS/IN	DUSTRY	- 1
	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT us	work done di se retired.)	unng mo	ST OF WORK!	ng					1
4		4	''	House	ewife	۵				Н	ome		
≥	17. FATHER'S NAME (First, Middle, Lest)			nous	CMII		40.000						
		_					18. MOT	HEH'S NA		Aiddle, Maiden			
BE	Harry J	Barret				_				deline			У
2	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	ADDRESS	(Street e	nd Number	r or Rural F	Poute Numb	er, City or Tow	n, State, Zi	p Code)	
F	Jerry P. O'Leary	<b>7</b>	9	221	Woode	en F	Bride	e Ro	ad.	Potoma	ac. N	m 2	0854
	20e. METHOD OF DISPOSITION		20b. PLACE	ND DATE	OF DISPOSIT	TION (Na	me of		DATI				
	1 X Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	Gate	natory or o	ther plece)	Co	moto	227	1				ing, MD.
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Gate	OT III			IN ADDRE			21 31	Ivel	Spr.	ing, rib.
<	V	O h	0.01		22. N	NAME AN	IO ADDRE	35 UP PAG		DeVol	Fune	ral 1	Home
	Mucha	III	( allel	ai .	, 110	FI	loor	Darl					, MD. 20877
	23. PART i. Enter the diseases, or	complications the	t caused the de	eth Do r	of enter i	the mo	de of du	I CL I	DI	) Gar	ciic I a	o Dul E	
	ahock, or haart failure.	Liat only one car	se on each line		ioi enter i	ure mo	de or dy	my, suci	n aa carc	nac or reap	iranory ar	reat,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Final		)				O 4	-	0				Onset and Death
	disease or condition reaulting in death)	. 1	ANCR	en-	TIC	(	-AN	Ler					5 MO
		DUE TO	(OR AS A CONSEC										
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፬	Sequentially list conditions,	DUE TO	(OR AS A CONSEC	UENCE OF	F):								
A	If any, leading to immediate cause. Entar UNDERLYING				•								į l
유	CAUSE (Disease or Injury	C. DUE TO	(OR AS A CONSEC	HENCE OF	D.								
Ē	that initiated events reaulting in death) LAST	002 10	OH AS A CONSEC	DENCE O	r):								i l
CERTIFICATION		d											
	PART II. Other algnificant condition	na contributing to	death but not o	aultina	in the unc	derlying		alven la	Bart i	24a. WAS AN	ALETOROV	1	NEDE ALEXANDE CHIRALICA
EDICAL	onester any mount of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	na contributing to	Gaatii Dut Hot II	aditing	iii tiia unt	uarryms	J cause i	Biseii III	Part I.	PERFOR		240	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							_		_	1   YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
ME												- 1	1 TES 2 NO
=													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF D	EATH /Ch	eck only on	el .			
힐	EXAMINER?	HOSPITAL:			OTHER		SAUL OF D	LATT TORE	ock only on	0)			
ΥS	1 TYES 2 NO		ER/Outpetient 3	□ DOA	4 - Nursi	ing Hom	• 5 X R	sidence	6 Othe	(Specify)			
표	27. MANNER OF DEATH	26e. DATE OF		26b. TIM	E OF	28c. INJ WO	URY AT		28d. DES	CRIBE HOW I	NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation				M		rES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE C	F INJURY - At ho	no, farm,	street, facto	ory, office	•		281. LOC	ATION (Street o	and Numbe	r or Rural F	Route Number,
Ē	4 Homicide determined	building,	etc. (Specify)						City	or Town, State)			
COMPLETED	29a. CERTIFIER				-				-			_	
릴	(Check only												
8	(PM) 2 MEDICAL EXAMINE	ER: On the besis of a	xamination end/or i	nvestigatio	in, in my op	pinlon, d	auth occu	red at the	time, date	end place, en	d due to 1	he ceuse(s	e) end manner ea stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	/ /			_			ENSE NUN					(Month, Day, Year)
8	COSTONIA SALVIA VI MIN COLUMNO CONTRACTOR	1 1/1	M1-										
2	20 NAME AND ADDRESS OF THE OWNER.	41	191				D	3240	7		M	arch	18, 1994
	30. NAME AND ADDRESS OF PERSON WY	COMPLETED CAU	SE OF DEATH (ITER			,							
‡	HOOS THUSICIA	ns lo	ne #2	127	Rock	VII	E.Y	MD	20	50	Jose	ph M	. Haggerty
ĺ	31. DATE FILEO (Month, Day, Year)	32 REGISTA	AR'S SIGNATORE	282			7						

MAR 2 2 1994

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after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.  28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus		SNE
after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remov. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical		examiner
after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, e. 28 is marked, or litem 23 shows any injury, or other traumatic event, the r	Norman Jo	nedicai
after death with the State Dept. of Health and Mental Hygiene prior to burial, (28 is marked, or item 23 shows any injury, or other traumatic ev	remation,	ent, the r
after death with the State Dept. of Health and Mental Hygiene prior 28 is marked, or item 23 shows any injury, or other tra	 to burnal, o	umatic ev
after death with the State Dept. of Health and Memal Hyg 28 is marked, or item 23 shows any injury, or or	giene prior	other tra
after death with the State Dept. of Health and Menta 28 is marked, or item 23 shows any injury.	Ě	00
after death with the State Dept. of Health a	 Ind Menta	/ inlun.
after death with the State Dept. of H 28 is marked, or item 23 show	lealth a	WS an
after death with the State Dept 28 is marked, or item 23	10	sho
after death with the State	Dept	23
after death with the 28 is marked, or	State	HET
after death with	the	0.
after di	eath with	market
	after d	28  s

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. OATE OF DEATH MONTH DAY

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest)	ROURKE	_		2. OATI MON' Ma	E OF DEATH		3. TIME OF DEATH 1:20 P. M	
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS	7. DATE	OF BIRTH	6. 1	BIRTHPLACE (State or Foreign	
	214-07-6610  9a. FACILITY NAME (If not institution, give si	1 M 2 X E	93 YRS.	b. CITY, TOWN OR LOCATION OF	1	th, Day, Year)	1900	MD OF DEATH	
TOR	Meridian Home							timore City	
DIRECTOR	MD BAI	TIMORE		rown or Location ltimore				10d. INSIDE CITY LIMITS? 1 ₩ \$ 2 \ NO	
FUNERAL	100. STREET AND NUMBER 6000 Bellona	Avenue		101. ZIP CODE 2121	.2		10g. CITIZEN	OF WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER IN FORCES? 1 YES	13. WAS DECENDENT OF HIST II yes, specify Cuban, Mex	Ican, Puerto	or No— 14. RACE — American Indian, Black, White, atc.				
D BY	3 Nidowed 4 Divorced  15. DECEDENT'S EDU	IF YES, GIVE WAR OR DA	16a. DECEDENT'S US	1 ☐ YES 2 💢 🙌 Spe		h KIND OF BUI	SINESS/INDUST	Specify: White	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of wor life. Do NOT use r	k done during most of working etired.)					
COMF	12 head cashier 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER				NAME (First,	Middle, Malden	Iospit Surname)	al	
BE	Michael Marti 19a, INFORMANT'S NAME (Type/Print)	n	19b. MAILING AI	DORESS (Street and Number or Rui		MCC		le)	
٩	Doris	Kellv	6.5	503 Brighton A	venue	Balt	imore	MD	
	20a. METHOD OF DISPOSITION  1   Murial 2   Cremaiton 3   Ram  4   Donation 5   Other (Specify)	oval from Stata	other place)	ON (Name of cemetery, cremetory of	00	20c. LO	CATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC		1	Paul Cemetery 22. NAME AND ADDRESS OF	FACILITY	7 11/	CUIIICEL	Tallu Mil	
	Janes 7	Scarpl	4	Scarpell: Cumberla	nd, M	Maryla	and 2		
	23. PART i. Enter the diseases, or can shock, or heart fellure.	List only one cause on as	ach ilna.			•		Approximata interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a		A thero	scle	mes il	r	Onset and Death	
_	DUE TO (OR AS A CONSEQUENCE OF):								
TION	Sequentially list conditions, If any, leading to immediate Cause Finter LINDERLY VING								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):								
	d								
MEDICAL	PARI II. Other aignificant condition	a contributing to death b	ut not reaulting in	tha undariying cauaa givan	in Part I.	24a. WAS AN PERFOI 1 TYES 2	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N: ME								1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only	one)			
YSI	1 🗆 YES 2 NO	1 Inpetient 2 ER/Outp	patient 3 DOA 4	Nursing Home 6 - Residen	enca 6 Other (Specify)				
ВУ РН	27. MANNER OF OEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	DF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. O	ESCRIBE HOW	INJURY OCCUR	EO	
	2 Accident Investigation						t and Number or Rural Route Number, e)		
COMPLET	(Orlock Orly)			at the time, data and placa, and in my opinion, daath occured at				luse(a) and manner as stated.	
8	29b. SIGNATURE AND STILE OF CENTRAL	ovy	MO	29c. LICENSE			29d. DATE SI	GNED (Month, Day, Year)	
5	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typo, P	A	- 811	504	Md.	21204	
	31. DATE FILED (NORT), DIV. 1971	32 GISTRAR'S SIGN	ATURE					***************************************	

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	SIAIE UF I		DEPAR					MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Las	-OWE	-N5-	Edward	7 A	Owe:	n		2. DATE OF OEATH MONTH		YEAR	3. TIME OF OEATH 7:45 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In		IF UNDER		_	R 24 HRS.	7 DATE OF BUTTH	! T, !	A BIOTH	DI ACE (State or Familia)
056-05-4352	1 📉 M 2 🗌 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Oey Year) 1910 New Y			New York
90. FACILITY NAME (If not institution, give				-		R LOCAT	ION OF O	EATN	10.0	UNTY OF D	EATH
Magnolia Gardens N.H. Lanh									Pr	ince	George
100. STATE 100. COUN Princ	ce George			v, town o							10d. INSIDE CITY LIMITS? 1 4 YES 2 NO
10e. STREET AND NUMBER				***	101	. ZIP COD	E		10g. C	ITIZEN OF W	HAT COUNTRY?
5615 - 62nd Ave	nue					2073	7		1.0	U.S.A	A.
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.				NIC ORIGIN? (Specify	Yee or No	-	- American Indian,
1 Never Married 2 Merried FORCES? 1 X YES 2 NO					If yes, sp	ecify Cubi	en, Mexica	an, Puerto Rican, etc.)	188 Of 180-	Black	White, etc.
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES					1 YES	2 X NO	Specif	y.		Spech	White
15. OECEDENT'S EC	UCATION	18e C	ECEDENT'S	I I I I I	CCLIDATIO	W.	_	ter veno or	NIONIEGO W	I I I I I I I I I I I I I I I I I I I	
(Specify only highest gra-	de completed)	Si	Give kind of v	work done			ing	16b. KIND OF I	SUSTRESS/II	NOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	-)						U.S.	Gover	mment	-
17. FATHER'S NAME (First, Middle, Lest)		L.L.	ectric	20]	Eng	inee					
								ME (First, Middle, Meid	en Surname)	)	
George	Ower	700					lly			Owen	
19e. INFORMANT'S NAME (Type/Print)		1						Route Number, City or 1	own, State, 2	Zip Code)	
Nora M. Roser	berger		7805	Mc]	[ver	Road	d, L	anham, MD	2072	23	
20a METHDO OF DISPOSITION 1 1 Buriel 2 Cremetion 3 Re	marel from Chat-		ANDDATE					OATE 20c.	LOCATION -	- City or Tox	wn, State
4 Donation 5 Other (Specify)	movai from State	ARLI	NGTON	NAT	CION	AL C	EM.	3/21 A	RITING	TON.	VΔ
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE						SS OF FA		- 43.1.10	2021	V 21.6
· nunll	Vand.	u M									
11.W.G	rameres		0091	V	V. W.	CH	AMBE	RS CO., R	IVERD	ALE,	MD. 20737
23. PART I. Enter the diseases, or ahock, or heart fallure	complications that	caused the d	eath. Do n	ot enter	tha mo	de of dy	ing, suc	h as cardiac or rea	piratory a	rrest,	Approximate
IMMEDIATE CAUSE (Fine)	. cist only one cau										Interval Between Onset and Death
disease or condition		C	ere	pro	VI	Scu	lar	dise	150		
resulting in death)	a. DUE TO	(OR AS A CONSE					o ert	-4130	W. T		+
_				<i>r</i> ·							
Sequentially list conditions,	b	(OR AS A CONSE	OHENCE OF	D.	-						
if any, leading to immediate cause. Enter UNDERLYING		,		<i>y</i> .							
CAUSE (Disease or injury	C. DUE TO	(OR AS A CONSE	OHENCE OF								
that initiated events resulting in deeth) LAST		(0 40 4 001151	ADENCE OF	,.							
	d										
PART II. Other significant condition	one contributing to	death but not	resulting i	n the un	derlying	Cauna	given in	Part I. 24s. WAS	AN AUTOPS	24h	WERE AUTOPSY FINDINGS
	emia	П	-oNi		000000				ORMED?		AVAILABLE PRIOR TO
		, 401	001					1 YES	2010		COMPLETION OF CAUSE OF DEATH?
———Н	1 perten	SION						_			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL											
EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)			
1 TYES 2 THO	1 🗆 Inpatient 2 🗆	ER/Outpatient	3 🗆 DOA			5 🗆 Re	sidence	8 Other (Specify)			
27. MANNER OF DEATH	28e. DATE OF (Month, Do		28b. TIME	E OF	28c. INJI WO	JRY AT		28d. DESCRIBE NOV	V INJURY O	CCURED	
1 Astural 5 Pending Investigation	20010000	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		M		ES 2	] NO				
3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At h	ome, term, s	treet, fect	ory, affice			281, LOCATION (Street	et end Numb	er or Rural Pa	oute Number.
A Homicide determined	building,	atc. (Specify)	,					City or Town, Ste	(w)		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 29c. LICENSE NUMBER
03 9550 2 Blud. Lanham, Md 20706 Hajj

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and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE OF MARYLA REGISTRAR	ND / DEPARTMENT		MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)  PUSK	AS		2. DATE OF DEATH DA MAR 2	7 94	3. TIME OF DEATH		
	217-13-9549 ¹□м²Жғ 9	□ M 2 X F 91 YRS. MONTHS DAYS HOURS MM			7. DATE OF BIRTH (Month, Day, Year) MAR.6,1903 ROMANIA			
TOR	SUBURBAN HOSPITAL  RESIDENCE OF DECEDENT		OWN OR LOCATION OF DI BETHESDA	EATH	9c. COUNTY OF	GOMERY		
DIRECTOR	MD. MONTGOMERY	10c. CITY, TOWN OR	LOCATION  LVER SPRI	NG	10d. INSIDE CITY LIMITS?  1 X YES 2 NO			
FUNERAL	8600 16th ST. #215		101. ZIP CODE 2091	0		WHAT COUNTRY? MANIA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO If	S DECENDENT OF HISPAI rea, specify Cuban, Maxica YES 2 NO Specif		or No- 14. RAC Blac Spe	CE — American Indian, ck, White, atc. city: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	18a. DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.)	ing most of working	16b. KIND OF BUS				
OMI	17. FATHER'S NAME (First, Middle, Last)	HOUSEW		ME (First, Middle, Malden :	T HOME			
BE C	FERENC GEDE			ILONA	PRECU	P		
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (S	Street and Number or Rural	Route Number, City or Town	, State, Zip Code)			
	EVA CHEPLO  20a METHOD OF DISPOSITION	SAME AS		#10				
	1 Burial 242 Cremation 3 Ramoval from Stata cemel	tery, cremetory or other plece)	MATORY		TITED DA	LE, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ME AND ADDRESS OF FA	CILITY				
	M. M. Chambrell	M00091 W.	W. CHAMI	BERS CO.I	NC.	ING, MD. 20910		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUETTO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  48 MWS							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa reaulting in death) LAST  b. McCastatic Cavcinoma to the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the lung of the							
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPS							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER:	28. PLACE OF DEATH (Ch	eck only one)				
14S	EXAMMER?  1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpet  27. MANNER OF DEATH  28s. DATE OF INJURY		g Home 5 Raeldence					
=	1 Netural 5 Pending (Month, Day, Year)	INJURY	Bc. INJURY AT WORK?  1 YES 2 ND	28d. DESCRIBE HOW IN	JURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY - building, atc. (Specification of the suited of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the suite of the		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination					(a) and manner as stated.		
TO BE C	296. SENATURE AND TITLE OF CERTIFIED		29c. LICENSE NUMBER 29d.			DATE SIGNED (Month, One, Year)		
	DR. PETER G. PUSHKAS M.	TH (ITEM 27) (Type, Print)  1.D. 11510	OLD GEO	DCETOWN I	DD BOO	CKVILLE, MD.		
	31. DATE FILED (Month, Day, Year) MAR 2 3 1994  S2, REGISTRAP'S SIGNAL MAR 2 3 1994	TURE kande 82	CHO GEC	MOLIOWN I	W., KUC	VATTITE & MID.		
	MAK & 0 1334 AMM							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

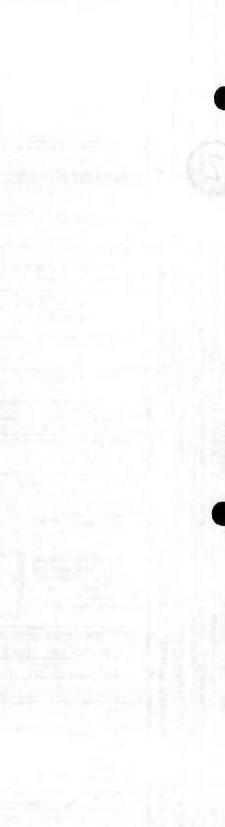
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			. TIME OF DEATH		
	TABITHA	ANN PRICE				МА	R 19 1994	YEAR	3:30 P M		
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			ACE (State or Foreign		
- 1	N/A	1 🗆 M 2 😡 F	YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	ny, Ybar)	Country)	The State of		
	9s. FACILITY NAME (If not institution, give str	OR LOCATION OF D		12 1994		RYLAND					
œ				96. CITY, TOWN	OH LOCATION OF D	EATH	9c. COUR	ITY OF DEA	тн		
DIRECTOR	NATIONAL NAVAL	MEDICAL CI	ENTER	BE	THESDA		MO	NTGOM	IERY		
ត្ត	10a. STATE 10b. COUNTY	2011		Y, TOWN OR LOC	TION				A MINISP OUTV		
<u> </u>	10		ioc. Gri	T, TOWN OR LOC	AHON				Dd. INSIDE CITY LIMITS?		
	TENNEESSEE	MONTGOMER	RY	CLAR	KSVILLE			1	YES 2 NO		
₹	10e. STREET AND NUMBER				Of. ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?		
<b>#</b>	130M WEST CONCO	RD DRIVE			370	42	IIN	TTED	STATES		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		CENDENT OF HISPA	NIC ORIGIN? (S	Specify Yes or No-	14. BACE -	American Indian.		
	1 Never Married 2 Married	FORCES? 1 YI			pecify Cuban, Mexic S 2 T ND Speci		in, etc.)	Black, V	White, etc.		
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 ND Specify:						fy: Specify: WHIT				
COMPLETED	15. DECEDENT'S EDUC	ATION	16a, DECEDENT'S	USUAL OCCUPAT	ION	16b. KII	ND OF BUSINESS/IND	USTRY	WILLE		
	(Specify only highest grade of Elementary/Secondary (0-12)			vork done during n							
ا ہے		College (1-4 or 5+)									
Ž	N/A  17. FATHER'S NAME (First, Middle, Lest)		N/A		1						
ဗ	17. PATHER'S NAME (FIRST, MIGGIN, LIST)				16. MOTHER'S NA	AME (First, Midd	fle, Maiden Sumame)				
BE	DATNE EDWARD	PRICE			VERO	NICA L	YNN PARAD	IS			
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIND	ADDRESS (Street	end Number or Rural	Route Number,	City or Town, State, Zip	Code)			
-	DAINE E. PRICE		130M	WEST CO	NCORD DR	TVF C	LARKSVILL	F TN	370/2		
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE	20c. LOCATION —				
	1 Burlel 2 Cremetion 3 Remo	val from State	cemetery, cremetory or or		EDICAL C		DEMI	ECD 4	MD		
	4 Donation 6 Grother (Specify) NNMC NATIONAL NAVAL MEDICAL CENTER BETHESDA MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
- 9											
	23. PART i. Enter the diseases, or co	emplications that cau	sed the death. Do n	not anter the m	ode of dying, au	ch as cardiac	or respiratory arr	eat.	Approximats		
	ahock, or heart fallure. L	lat only one cause or	aach lina.						Interval Batween		
- 1	IMMEDIATE CAUSE (Final disease or condition								Onset and Death		
- 1	resulting in death)  a. RESPIRATORY IMMATURITY  DUE TO (OR AS A CONSEQUENCE OF):										
		DUE TO (OR A	S A CONSEQUENCE OF	F):							
z I	Sequentially list conditions,		PREMATURE								
≝	If any, leading to immediate	DUE TO (OR A	S A CONSEDUENCE OF	F):							
5	CAUSE (Disease or injury										
	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	reaulting in death) LAST										
<b>5</b>											
4	PART II. Other significant conditions	contributing to deat	but not resulting i	in the underlyl	ng cause given in	Part i. 24	a. WAS AN AUTOPSY PERFORMED?		PERE AUTOPSY FINDINGS		
EDICAL							YES 2 X NO	0	OMPLETION OF CAUSE		
윤비							_ 120 1 M 110		F DEATH?		
2						_		1	YES 2 NO		
2											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)					
S	1 TYES 2 NO	1 Inpetient 2 - ER/O	Outpatient 3 DOA		me 5 🗆 Residence	6 Other (S	pecify)				
F	27. MANNER OF DEATH	28e. DATE OF INJUF (Month, Day, Yea		E DF 26c. II	JURY AT	28d. DESCR	IBE HOW INJURY OCC	CURED			
	1 Natural 5 Pending 2 Accident Investigation	(110701, 50), 100	,		YES 2 NO						
6		28e. PLACE OF INJU	IRY — At home, term, s	street, factory, off	lce	281, LOCATIO	ON (Street and Number	or Rural Rou	ite Number,		
COMPLEIED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)						own, Stete)				
i	an- Apprinte										
	(Check only 1 CERTIFYING PHYSIC	IAN: To the best of my kr	owledge, death occurre	ed at the time, da	te end place, end du	e to the cause(	s) end manner as stat	ed.			
5	070) 2 MEDICAL EXAMINER	On the besis of examina	rtion end/or investigation	on, in my opinion,	death occured at the	e time, date en	d place, end due to th	e cause(s) e	nd menner ee stated.		
- 11	296. SIGNATURE AND TITLE OF CERTIFIER	A			29c, LICENSE NU	MRED	29st DATE	RIGHED /	fonth, Day, Year)		
# #	A A .	a AA	D		D-321		D /	1.	1 1004		
2		1	イン				717	140	1,1777		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	NATION	AL NAV	AL MEDICA	L CEN	TER		
	RODNEY L. LEVII	NE, CAPT, U	JSPHS		BETHES	DA MD	20889-560	0			
	31. DATE FILED (Month, Day, Year)		GNATURE POPULATION								
	APR 07 1994	Jalen Will	myor rangell								

San San	-	ermit.	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit p. on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	O	F DEAT	TH		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEI REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)  ISOLINA PE	REZ					DAY YEAR	3. TIME OF DEATH 2:15 P
4. SOCIAL SECURITY NUMBER  579-52-4531  9a. FACILITY NAME (If not institution, give str	1 D M 2 R F 8	7 YRS. MON	UNDER 1 YEAR ITHS DAYS CITY, TOWN O	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTN (Month, Day, Year) FEB. 7,19	8. BIR Cou	THPLACE (State or Foreign vitry) PAIN DEATH
HOLY CROSS HOSPI	TAL		SILV	ER SPRIM	1G	MONTGO	MERY
MARYLAND MONT							10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 8401 MANCHESTER RO	OAD APT. 50	1	101.	20910		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	If yes, spe	ENDENT OF NISPAN	IIC ORIGIN7 (Specify W. n, Puerte Rican, etc.)	es or No — 14. RA	CE — American Indian, eck, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret HOMEN	done during mos ired.)		16b, KIND OF BU	JSINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maide	n Surname)	
JACINTO GAR	CIA	Tab Man mo and		ENCARI		CARVAJA	L
MARIA P. DURELLI					NASHINGT		20015
21. HONATURE OF FUNERAL SERVICE LICE  23. PART I. Effer the diseases, or co shock, or heart failure. L	omplications that caused	TE OF HEAV	FRANCI	S J. COI	LINS FUNE BLVD.,W.	RAL HOME	NG, MARYLAN , INC. , MD. 20901 Approximate Interval Betw.
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	HUPERA DUE TO FOR AS A HUPO VO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	٠. ﴿				Onset and De
	COULD IN THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT OF THE COURT	B: Desy	myor	ceuse given in	Part I. 24s. WAS A PERFO	N AUTOPSY 24 PRIMED? 2 NO	4b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL	ACE OF DEATH (Ch	ack only one)		
1 VES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Output 26s. DATE OF INJURY	28b. TIME OF			6 Other (Specify)	INJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation	Natural 5 Pending (Month, Day, Year) INJURY WORK?						
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— A1 home, farm, street	l, lactory, office		261. LOCATION (Street City or Town, State		l Route Number,
onel —	HAN: To the best of my knowle						e(a) and manner as stated
296. SIGNATURE AND TITLE OF CERTIFIER	Juntos	m.D		D. 176	IBER		ED (Morith, Day, Year)
30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	e)				



	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Fees	Pages Page
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR	0 01 K	CE				DEAT		MENTAL	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)						DEA	-	2. DATE OF	DEATH			3. TIME OF DEAT	ТН
	KANTABEN		PATE	EL					монтн 03	1	6	94	2:40	A
OR	4. SOCIAL SECURITY NUMBER 218 35 9552	5. SEX	6. AGE (In yrs. last 81	birthday) YRS.	IF UNDER	DAYS	# UNDER	24 HRS. MIN.	7. DATE OF Sept	BIRTH Day, Year,	191	a. BIRTH Countr	PLACE (State or Fo	oreign
	90. FACILITY NAME (If not institution, give s Prince Georges H		Center			heve	rly	ON OF DE	ATH			nty of D	EATH Georges	
띦	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	Y		10c. CIT	Y, TOWN (	OR LOCAT	ION						10d. INSIDE CITY	,
E	Virginia F	airfax		F	alls	Chu	rch						LIMITS?	
FUNERAL DIRECTOR	100. STREET AND NUMBER 3041 Sleepy Holl						ZIP CODE					ndia	YHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARM YES 2 NO	MED O		If yes, sp	ENDENT O	n, Mexicar	IIC ORIGIN? ( n, Puerto Ric	Specify Yes an, etc.)	or No-	Speci	— Americen Indi , White, etc. ly: Casian	en,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Giv	EDENT'S TO KIND OF U		CCUPATIO during mo	ON st of workin	g	16b. K	IND OF BUS	n Ho			
Š	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI	ME (First, Mid					
BE (	Himabhai Vaghaji	bhai Pate						-	n Him					
6	190. INFORMANT'S NAME (Typo/Print) Rajni Patel (son	1)	196.		Same			or Rural R	Route Number,	City or Town	n, Stete, Z	(p Code)		
					E AND DATE OF DISPOSITION (Name of						City or To			
	1   Burlet   2   Cremetton 3   Removal from State   Cemetery Cremetory or other place   Cemetery Cremetory or other place   Cemetery Cremetory or other place   Cemetery Cremetory or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cremetory Or other place   Cemetery Cre								_					
	1 David	J. M	auel	1		Dav Fal	id L	. Sa	uers l	Funer	al H	ome		
CERTIFICATION	Sequentially list conditions,	QE UENCE O	NA PI	L J H	EA	5h7	FIC	IEM	ch	٠	Approxim interval B Onset and	etween		
DICAL	PART II. Other significent condition	FLEMI		sulting	In the ur		cause g		_ / 1	4a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF 0 OF DEATH? 1 YES 2 1	TO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DE	EATH (Che	ick only one)				<del></del>	
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER	Pi:			6 Other (S	Specify)				
PH	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, Da	INJURY ny, Your)	28b. TIM		28c. INJ WO	URY AT		28d. DESCR	-	NJURY OC	CURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined 4 Homicide determined						loute Number,							
COMPLETED		CIAN: To the best of											) and manner ee s	teted.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	1	-1 /				29c. LICE	NSE NUM	IBER		29d, DA	TE SIGNED	(Month, Day, Year)	
D B	And M	, Me	enta.	,	WD		Da	27	366		▶ 3	116	96	
	30. NAME AND ADDRESS OF PERSON WH	OMPLETED CAUS	AVC	27) (Type	SOD	1 (	Colle	e se	Par	CA	3	20	740,	
	31. DATE FAR (M2011. 27:1994	gration to the	SO-Honblanky o	-										

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BALTIMORE, MA	The last mentions that the density and factories he meanwheel sighting of the constitute density Brane & seems he seems
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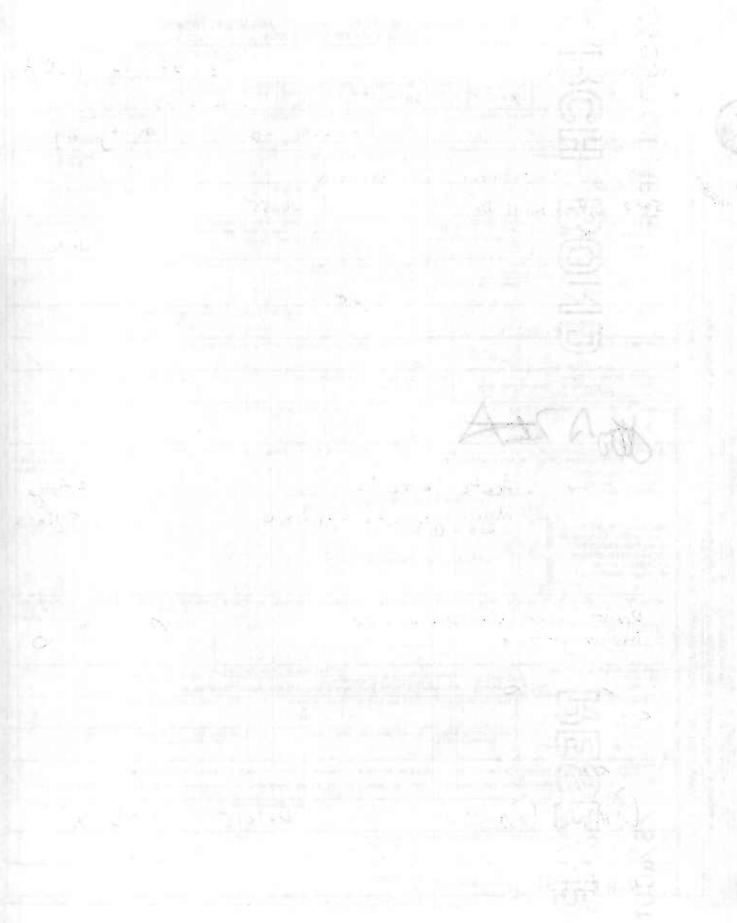
TO THE HOSPTOL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **ARYLAND 21215-0020** DIVISION OF VIT

	FOR STATE REGISTRAR	STATE OF MAR		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	(Will	iam J. Pol	1 i )		2. DATE OF DEATH MONTH		3. TIME OF DEATH		
TOR	4. SOCIAL SECURITY NUMBER  194-26-7750  96. FACILITY NAME (If not Institution, give	5. SEX 6. A	0.1	BIRTHPLACE (State or Foreign Country)						
	Shady Grove Adve		tal		ILC ND			tgomen		
DIRECTOR	10e. STATE 10b. COUNT		10c. CITY	TWOOD	ION		10d. INSIDE CITY LIMITS?  1 □ YES 2 및 NO			
FUNERAL	5908 Willow K				ZIP CODE		10g. CITIZEN OF WHAT COUNTRY? United States			
34	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 XXY IF YES, GIVE WAR OF	ES 2 NO R DATES	If yes, sp		NIC ORIGIN? (Specify Yean, Puerlo Rican, etc.) fy:	e or No- 14.	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	ICATION	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo retired.)	st of working	RY				
MOC	17. FATHER'S NAME (First, Middle, Last)		Record	ds Chief		AME (First, Middle, Maider	INS Surname)			
BE	William 1	Polli				len Timko				
10	19e. INFORMANT'S NAME (Type/Print)  Marion L. Polli  20e. METHOD OF DISPOSITION		5908 W	illow Kr	oll Dri		d. Mary	land 20855		
	ty Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE AND DATE Of cometery, cremetory or off				hanoy (			
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		Home/F	ockvill	e. Inc., 3	00 W. N	City, Plvania Tophrey Funeral Montgomery Ave		
	M00689 Rockville, Maryland 20850-2805  23. PART Emer the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Between Interval Betwee									
	disease or condition a. Acute Leaven, A  DUE TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.									
PHYSICIAN: MEDICAL (	179. 1	r lobe p			g cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
N.	MomBougto	mist						1 TES 2 THO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (C	heck only one)				
Y PHYS	1 YES 2 AO  27. MANNER OF DEATH  1 Official 5 Pending	28e. DATE OF INJU	RY 28b. TIME	OF 28c. INJ	e 5 Residence URY AT RK? /ES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED		
TED BY	2 Accident 3 Suicide 4 Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	anal	ER: On the best of my k						ruse(a) and menner se stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	(mg mg	)		29c. LICENSE NU D296	IMBER 075	29d. DATE SI	ONED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON W.  31. DATE FILED (Month, Day, Year)	HO COMPLETED CAUSE OF	14808	PAYSO	ins L	V Roc	with			
	MAR 2 3 1994	Julia David	CON-Randall							

DHMH-16 Rev 1/89



1 - STATE REGISTRAR		SIAIE UF N		ERTIF	ICATE OF	HEALIH AN	) MEN		G. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)							ATE OF D			3. 1	IME OF D	EATH
T	OHN	Н		PIIM	PHREY			03	17	195	4 10	:30	A M
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HR		ATE OF BI				CE (State of	Foreign
577.03.932	577.03.9326   1 ⋈ M 2 □ F   93 YRS. MON				MONTHS DAYS	HOURS MIN		Aonth, Day,			Country)		
9a. FACILITY NAME (If not in	nstitution, give stre	et and number)			9b. CITY, TOWN	OR LOCATION OF		٠, ٥,	1900	9c. COUNTY	RYLA OF DEATH		
4701 Willar		ie #436			Chevy	Chase				Montgo			
10a. STATE	10b. COUNTY			10c. CIT	r, TOWN OR LOC	ATION					10d	. INSIDE C	ITY
Maryland	Montgo	omerv		Che	vy Chas	se					1.50	LIMITS?	□ NO
100. STREET AND NUMBER						ot, ZIP CODE				10g. CITIZEN			
4701 Willar						20815				U.S.			
11. MARITAL STATUS  1 Never Married 2 X  3 Widowed 4 Divo	Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 1		If yes,	ECENOENT OF HIS specify Cuben, Me ES 2 X NO Sp					Black, Wh	American in inte, etc. Thite	ndian,
	EDENT'S EDUCA ly highest grade of 0-12)		(G	lve kind of v Do NOT us	,		tant		of Busin	NESS/INDUST	RY		5
47 FATUEDIO 114115 (F)-1	Market A A							-				_	
17. FATHER'S NAME (Flost, M William		n Pumphr	ey			Alice				imame)			
Mary L. Pu						and Number or Ru Avenue						20815	
20a. METHOD OF DISPOSIT					F DISPOSITION (		1			TION — City			
1 1 Buriel 2 Cremetic 4 Donation 5 Other		ral from State	Ceda	r Hil	1 Cemet	tery	3	/21	Suit	land,	Mary	yland	1
21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEP7				AND ADDRESS OF	FACILITY		T	- 511	0.0 1.1	Τ Δ==0	MILI
+ Hear	M. X	Sow				on Gawle ington,				c. 513	50 W.	I Ave	. , IVW
disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injutted events resulting in death) LAS	lons, diete ING c.	DUE TO	SCLETOC FOR AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSEC	DUENCE OF	-): -):	ascular	Dise	ease					
	d.												
PART II. Other eignifica	int conditiona	contributing to	deeth but not r	eaulting I	n the underlyl	ng cause given	In Part		WAS AN AL PERFORM YES 2	ED?	CON OF	RE AUTOPS' ILABLE PRI APLETION C DEATH? YES 2 [	OR TO OF CAUSE
25. WAS CASE REFERRED T EXAMINER?	-	WOODITAL.				PLACE OF DEATH	(Check on	ly one)					
1 ☐ YES 2 📉 NO		HOSPITAL: 1  Inputient 2	ER/Outpetient 3	□ DOA	OTHER: 4 Nursing Ho	ome 6 K Residen	co 8 🗆 (	Other (Spe	city)				
	Pending	28a. DATE OF (Month, De		28b, TIM	URY V	NJURY AT YORK?	28d.	DESCRIB	E HOW INJ	URY OCCURE	D		
2 Accident 3 Suicide 8 4 Homicide	Investigation Could not be determined	28e. PLACE Of building.	FINJURY — AI ho etc. (Specify)	me, farm, e	treet, factory, of	lice	281.	LOCATION City or Tow	l (Street and m, State)	d Number or R	urel Route	Number,	I
Torroom only		AN: To the best of									use(s) and	I manner a	a stated.
	imas	73 n	My		is	29c. LICENSE D2029				P Mar			
James H. B						Chevy C	hase	, Ma	rylar	nd 208	15		1)1
31. DATE FILED (Month, Day, MAR 2	1 1994		Pavidson 7	Pandell	2								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT		MENTAL HYGIEN				
	DECEDENT'S NAME (First, Middle, Last)	CHARLES E.		PURNELL	2. DATE OF DEATH DOWNTH DARCH	AV //, 1999	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-12-2181	5. SEX 1X M 2 F 82	yrs. last birthday)  YRS.  IF UNDEF MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) feb. 12,	1912 NEW	HPLACE (State or Foreign try) ARK, MD.		
S S	9a. FACILITY NAME (If not institution, give in PENINSULA REGION			SALISBURY		9c. COUNTY OF	COMICO		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MD. WO	RCESTER	10c, CITY, TOWN O				10d. INSIDE CITY LIMITS? 1  YES 2 NO		
FUNERAL (	100. STREET AND NUMBER 8640 IRONSH	IRE ROAD		101. ZIP CODE 218	11	10g. CITIZEN OF	WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN ( FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 / NO	MAS DECENDENT OF HISPA If yes, specify Cuban, Maxic I YES 2 NO Speci	en, Puerto Rican, etc.)	or No.— 14. RAC	CE — American Indian, ck, White, atc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	JCATION e completed)  Collège (1-4 or 5 +)	16a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) LABORER	CCUPATION during most of working		SINESS/INDUSTRY	)		
BE CON	17. FATHER'S NAME (First, Middle, Last) ELIJAH PU	RNELL		18. MOTHER'S N.	AME (First, Middle, Maiden ELIZA S				
10	19a. INFORMANT'S NAME (Type/Print)  JACQUELINE PURNE	LL	196. MAILING ADDRESS	SAME AS AB	Route Number, City or Tow OVE	n, State, Zip Code)			
	20a. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Rerr  4  Donation 5  Other (Specify)	noval from State 20b.P	PLACE AND DATE OF DISPOS Pery, grematory or other place) CALVARY	ITION (Name of ICH & CEM &	1	CATION — City or T ARK, MD.	Town, State		
	21. SIGNATURE OF FINERAL SERVICE LA	B, Jolley	22.	NAME AND ADDRESS OF F. OLLEY MEMOR SALISBURY, MEMOR		, 1213 J	ERSEY ROAD.,		
	23. PART I. Enter the diseasea, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	rgestive	Carolicny	11	ratory erreat,	Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A C		artey 1	U, Sease				
PHYSICIAN: MEDICAL C	PART II. Other significant condition  - Monie  - Micrie  - His Say	Renal / Chstrus	acher 20	derlying cause given in Nepknosse Discor	Part I. 24a. WAS AN PERFOR	IMI(D7	N. WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DISTRICT 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDIOAL  EXAMINER?  1  YES 2 NO 1								
ву РНУ	27. MANNER-OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Deg. West)	28b. TIME OF BUJURY M	28c. INJURY AT WORK?	26d, DESCRIBE HOW I	NJURY OCCURED			
	3   Suicité 8   Could not be 4   Hamicide determined	28e. PLACE OF INJURY building, etc. /Specify	- At home, farm, street, fact	ory, office	281. LOCATION (Street of City or Town, State)		Route Number:		
COMPLETED	ana)	SICIAN: To the best of my knowled ER: On the beele of examination					(e) and manner as stated.		
R	29b. SIGNATURE AND TITLE OF CERTIFIE	J. Chai	n Kin	29c. LICENSE NU	MBER 0050	29d. DATE SIGNE	D (Month, Pay, Year)		
5	30. NAME AND ADDRESS OF PERSON WE		7 - ( 3)	7-DRiver		Solich	140218n		
	MAR 1 6 1994	32. REGISTRAR'S SIGNAT	wha Savidson To	and on	J. J.	1	1. 10 21 00/		
		0					DHMH-16 Rev 1/89		

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7	7	ermit. Pages 14.3 and did		
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Progress be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYLAND / DI	EPARTMENT OF H		MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		THE OTHER	DEATH	2. DATE OF DEATH		3. TIME OF OEATH	
	Melvin Edward	Price			Mar. 16, 1		7.45 M	
		s. SEX 6. AGE (In yrs. lest birt	thday) F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIFTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign puntry)	
1	212 10 3370	/ - JI	YRS. WOWTHS DAYS	HOURS MIN.		1	Maryland	
œ	9a. FACILITY NAME (If not institution, give stree	SS-1980'	9b. CITY, TOWN C	OR LOCATION OF DEA	ATH	9c. COUNTY (		
DIRECTOR	23353 Head Of C	reek Rd.	Quan	tico		Wico	mico	
RE	10a. STATE 10b. COUNTY		Oc. CITY, TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?	
	Maryland Wicom	ico	Quantico				1 TES 2 NO	
RAI	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	23353 Head Of C	TEEK Rd.  2. WAS DECEDENT EVER IN U.S. ABMED	2 40 100 050	21856			.S.A	
	1 Never Married 2 Married	FORCES? WES 2 NO	If yes, spi	ecify Cuban, Mexican 2 NO Specify:			IACE — American Indian, Black, White, etc.	
Э ВУ	3 Widowed 4 Divorced			2 NO Specify:		,	Black	
TED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (Give k	DENT'S USUAL OCCUPATION Sind of work done during mo	ON st of working	16b. KIND OF BUS	INESS/INDUSTR		
PLE		>onege (1-4 or 5 +)	NOT use retired.)					
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)	Lab	orer	18 MOTHED'S NAM	Non			
BE C	McKinley Price			400 100 100 100	CBride	sornamej		
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. M/	AILING ADDRESS (Street a			, State, Zip Code	)	
٦	Mary Price	23	353 Head	Of Cree	k Rd.Qua	ntico	Md.21856	
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova	I from State 20b. PLACE AND cometery, cremeto	DATE OF DISPOSITION (Ne	me of	DATE 20c. LOC	CATION — City o		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN:	Head O	F Creek	ID ADDRESS OF FAC	3/19 Qua	ntico	, Md.	
	MO. J. D	2+ +	Clint	on F.St	ewart Fu	neral	Home	
	23. PART I. Enter the diseases, or com	, Dlewar	821 W	est Rd.	Salisbur	y,Md.		
	anock, or naert failura. Lis	t only one cause on each line.	. Do not enter the mod	ae or ayıng, such	sa cardiac or respir	atory srrest,	Approximats Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  s. Cardlo pulmonay and full disease or conditions, of say, leading to immediate  b. Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):							
	resulting in deeth) s	DUE TO (OR AS A CONSEQUEN	NCE OF):	COVILI			12/5/03	
Z	Sequentially list conditions, b	metastatic	squarion	all ca	runore r	1	1. 11	
ATIC	if any, leading to immediate cause. Enter UNDERLYING						3/16/94	
FIC	CAUSE (Disesse or Injury thet initiated events	DUE TO (OR AS A CONSEQUEN	NCE OF:				3/16/94	
CERTIFICATION	resulting in death) LAST		V					
	PART II. Other significent conditions c	ontributing to deeth but not resul	iting in the underlying	onues alum in E				
CAL		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	iting in the underlying	cease given in r	PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
ED					1 TYES 2	NO	OF DEATH?	
2 2					-		1 YES 2 AND	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Chec	ck only one)			
YSI		OSPITAL:   Inpatient 2   ER/Outpatient 3   0	OTHER:	5 Masidence 6	Other (Specify)			
F	27. MANNER OF DEATH  1 Return 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	b. TIME OF 28c, INJURY WOI		28d. DESCRIBE HOW IN	JURY OCCURED		
BY	2 Accident Investigation	280 DI ACE OF IN HIPM		ES 2 NO				
ETED	3 Suicide 6 Could not be detarmined	26s. PLACE OF INJURY — At home, to building, etc. (Specify)	term, street, factory, office		28f, LOCATION (Street ar City or Town, State)	nd Number or Ru	ral Route Number,	
9	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the heat of our knowledge, death :						
COMPL		N: To the best of my knowledge, death on the basis of examination and/or investigation.					se(a) and manner as stated	
В	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMB			IED (Month, Day, Year)	
0	build L.K.	elle MD			16 MD	▶ 2/	18/94	
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)					
}	21 DATE EN ED (Manh. D. H.	cuater	106 MIC	FORD S	T SACI	SBURY	MD 21801	
	MAR 18 1994	EUCITER  32. NEOSETTAN'S SOMATURE  Junia Devidson-R	andelle					

page 5 should be detached for use as the burial-transit permit

BALLINORE, MARTLANI	hours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detached, or removal,	he medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

S1. DATE FILED (Month, Day, Year)
MAR 23 '94

22 South Greene

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Betty H	owell	Pace		0.7		YEAR YEAR YEAR YEAR YEAR	
	4. SOCIAL SECURITY NUMBER 215-34-5471		In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give s	1 D M 2 X F	) 7 YRS.			04 27 1	7	Maryland	
DIRECTOR	University of Mar		al		on Location of D ltimore (		9c. COUNT	Y OF DEATH	
) H	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
		ford	J	oppa				LIMITS? 1 ☐ YES 2 🔀 NO	
FUNERAL	3616 Clayton Roa	d		1 "	21085		10g. CITIZE	N OF WHAT COUNTRY?	
F	11. MARITAL STATUS  1 ☐ Never Merried 2 ☑ Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ya	e or No- 1	4. RACE — American Indian, Black, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		S 2 X NO Speci			Specify: White	
TED	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S (Give kind of	USUAL OCCUPAT work done during m se retired.)	ION ost of working	18b. KIND OF BU	ISINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Secret	,		Board	of Edu	cation	
BE COI	17. FATHER'S NAME (First, Middle, Lest) Miles Olney H			18. MOTHER'S NA Arbutus	AME (First, Middle, Maider	Sumame) Gentry	,		
10 B	190. INFORMANT'S NAME (Type/Print) Curtis R. Pace		19b. MAILING 3616	ADDRESS (Street Clayton	and Number or Rural Road, Jo	Route Number, City or Tov	vn, Stele, Zip C 21085	code)	
	28s. METHOD OF DISPOSITION DATE 20c. LOCATION — City or Town, State								
	4 Doneston Sy Other (Specify)	/  9	Cokesbury U.M. Cemetery 3-25-94 Abingdon, Md.						
	21. SIGNATURE OF FUNERAL SERVICE BO	C /	+	# Howa:		Comas III		1 Hame, P.A. n. Md. 21009	
	23. PAFIT I. Enter the diseases, or o	omplications that caused List only one cause on e	the desth. Do i	not enter the m	ode of dying, suc	th as cardisc or reap	iratory srre	st, Approximate	
	IMMEDIATE CAUSE (Final Onset and Death								
1 1	disease or condition reaulting in deeth)  a. Failure to thrive 2 months  Due to (or as a conscouence of):								
	Chronic lymphocytic lowKemia								
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):								
<u>S</u>	ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF	m.					
Ē	thet initiated events resulting in deeth) LAST	DOE TO (ON AS A	CONSECUENCE O	r).					
ᄬ	PART II Onber destilleren eredikter								
I &	PART II. Other significent condition throm bo cytopen		ut not resulting	in the underlyir	ig ceuse given in	Part I, 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	polycystic Kid.	184 1.00.00				1 🗆 YE\$	2 NO	OF DEATH?	
	- PONCY III AND	V-7 0136#31						1 VES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (Check only one)							
YSIC	1 TES 2 NO	HOSPITAL:	atient 3 DOA	OTHER: 4 Nursing Ho	me 5 - Realdence	8 Other (Specify)			
РНҮ	27. MANNER OF DEATH  1 K Netural 5 Pending	(Month, Day, Year)	28b. TIM	URY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCU	RED	
ВУ	2 Accident Investigation  2 Accident Investigation  28s. PLACE OF INJURY — All home form street factors office.						Pural Poula Number		
TED	4 Homicide 8 Could not be determined	building, atc. (Spec	eify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State	)	Tible Fronto Harrison,	
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occurr	ed at the time, dat	e and place, and due	to the cause(a) and ma	nner as ateted	ı.	
MO								couse(a) and manner as stated.	
w	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)	
10 B	Jean /m	MD					•	3/20/94.	
["]	30 HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)					

Deputment

Bultimore

Medicine

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	IYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-meurs after death. Page 6 may be retained by the hospital or attending physician.	by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer among	d be detached for use as the burial-transit ner
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	WENTAL HYGIENE REG. NO.								
	1. DECEOENT'S NAME (First, Middle, Last)	2. DATE OF DEATH DAY	VEAR	3. TIME OF DEATH						
	HAZEL PHILLIPS  4. SOCIAL SECURITY NUMBER 5. SEX. LA AGE (In use first blink to a) C. United a Vision Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company o	03-18	- 94	м						
	220-13-4200 1 M 2 DF 86 YRS. WONTHS DAYS HOURS MIN. (Morth, Day, Year) 7 Md.									
TOR	Dorchester Gen. Hosp. Cambridge Dorchester  Personer of Decedent									
DIRECTOR	Md. Dorchester Cambridge			10d. INSIDE CITY LIMITS? 1 PYES 2 NO						
FUNERAL	1920 Liners Road Church Creek 21613	3	U. S							
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS OECEDENT EVER IN U.S. ABMEO FORCES? 1 YES 2 NO If yes, specify Cuban, Mexicar 1 YES, OIVE WAR OR DATES  13. WAS DECEMBENT OF HISPAN If yes, specify Cuban, Mexicar 1 YES, OIVE WAR OR DATES	, Puerto Rican, atc.)	No — 14. RACI Blac Spec	E American Indian, k, White, etc.						
E 0:	15. DECEDENT'S EDUCATION 150. DECEDENT'S HOUSE OCCUPATION	45 700 05 0000		Black						
PLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  Grade-3  College (1-4 or 5+)  Labor  Labor	16b. KIND OF BUSIN	ESS/INDUSTRY							
COMPL	17. FATHER'S NAME (First, Middle, Lest)	AE (First, Middle, Maiden Sui	mame)							
BE (	Moses H. McNamara Ang:	e R		245						
2	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural R  221/- R   2   V   2   2   2   2   3   4   3   4   3   4   3   4   4   3   4   4	10/01	State, Zip Code)	Car V MJ						
	20s. METHOO OF DISPOSITION  1 V Burlei 2 Cremation 3 Removal from State  20b. PLACEAND DATE OF DISPOSITION (Name of compatent or other place)	OATE 20c. LOCAT	TION City or To	wn, Stata						
	4 Donation 5 Other (Specify) Livers Rd. Cemeter)	3/23 Lin	ler5	Rd., Md,						
	22. NAME AND ADDRESS OF FACE HENTY FUNC	eral HOM	e							
	5/0-Washing	staal St.	CAMPY	idge, Md.						
	23. PARTM. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final									
	IMMEDIATE CAUSE (Final disease or condition									
	DUE TO (OR AS A CONSEQUENCE OF):									
ON	Sequentially list conditions,  MYOCARDIAL INFARCTION  OUE TO (OR AS A CONSEQUENCE OF):  B. MYOCARDIAL INFARCTION  OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
GE	d									
AL I	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in F	Part I. 24s. WAS AN AU		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
EDK		1 _ YES 2 X		COMPLETION OF CAUSE OF DEATH?						
PHYSICIAN: MEDIC										
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Chec	ck only one)								
YSIC	HOSPITAL:  1 XInpartent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6									
	1 Natural 5 Pending (Morar, Day, rear) INJURY WORK?	28d. DEŞCRIBE HOW INJU	RY OCCURED	*						
BY	2 Accident Investigation M 1 YES 2 NO									
ETED	3 Suicids 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to one)  2 MEDICAL EXAMINER: On the basis of extinination and/or investigation, in my opinion, death occurred at the time.	o the cause(s) and manner me, data and place, and d	as stated.	and manner as stated.						
ш	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMB		d. DATE SIGNEO							
TO B	Willer M ( D4323			18-94						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  WILLIAM E. BAIR, M.D. 4 AURORA STREET; CA	MBRIDGE,	MD 21	1613						
	MAR 25 94  Suria Day doon-Randsee:									

	1 - STATE REGISTRAR	STATE OF M			TMENT OF				E 3-19	-94	2:30PM
	t. DECEDENT'S NAME (First, Middle, Last)	Paterno	Panes	Palei	ncia			TE OF DEATH	NY.	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  158-68-6381  9e. FACILITY NAME (If not institution, give s	5. SEX 1 M 2 F	6. AGE (In yrs. )	rest birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN		NO	TE OF BIRTH orith, Day, Year) U 7 191	0	Country)	ACE (State or Foreign Lippines
TOR	102 Steffey Drive	2				rapolis					undel
DIRECTOR	10s. STATE 10b. COUNT			10e. CIT	Y, TOWN OR LOC	ation apolis					d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 102 Steffey Drive					or. ZIP CODE 214	03		10g. CITIZE	USA	T COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	ARMED	13. WAS D		ISPANIC ORI	GIN? (Specify Yes to Rican, etc.)		4. RACE -	American Indian, white, etc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 + 4 DLUS		DECEDENT'S (Give kind of the Do NOT us Princ		TION nost of working		166. KIND OF BUS		STRY	
ш	17. FATHER'S NAME (First, Middle, Last) Celestino Paleno							n, Middle, Maiden Panes			
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code)  Thelma Carbon  102 Steffey Drive Annapolis, Maryland 21403								403		
	20s. METHOD OF DISPOSITION  1. Departed 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of camelon; cremetor; or other place)  4 Densition 5 Other (Specify)  2126/94 Annavalis Manufand										
	21. Name and address of Facility John M. Taylor Funeral Hol 147 Duke of Gloucester St. Annapolis, MD									neral Home	
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Ro	on each il	12.1m	e	node of dying	, such as c	ardiac or respi	ratory arre	st,	Approximate interval Between Onset and Daati
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significent condition	e contributing to	deeth but no	t resulting	in the underly	ng ceuse give	en in Part i.	24a, WAS AN PERFOR 1 TYES 2	MED?	AM CC Of	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
ву рнуз	1   YES 2 NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)    27. MANNER OF DEATH   26a. DATE OF INJURY (Month, Day, Year)   26b. TIME OF INJURY AT WORK?   1   YES 2   NO   NO   NO   NO   NO   NO   NO										
8	2 Accident Investigation 3 Suicide S Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28f. LOCATION (Street and Number or Bural Boute Number, City or Town, State)								e Number,		
COMPLET	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	em (	BIEL		かり	29c. LICENS	056	)	▶ 3	SIGNED (M	onth, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WH	to COMPLETED CAUS	E OF DEATH (IT	TEM 27) (Type	300	Ann-	p.15	214	182		

Julia Traijdson Bandell

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bus the flud within 72 hours after death with the State Deut of Health and Mental Hydiene prior to busial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last	11-11-01				2. DAT	E OF DEATH	MY		3. TIME OF DEATH
Enr	[ 4. 12	24012			3		- 5	4	10 45
4. SOCIAL SECURITY NUMBER 214-09-3712	5. SEX 6.	AĞE (In yrs. last birtho	MONTHS F	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DAT	e of Birth oth, Day, Year)	1916	Country	yland
Se. FACILITY NAME (If not institution, give	street and number)		96. CITY, T	OWN OR LOCATION OF I	DEATH		9c. COUR	ITY OF DE	ATH
Washington Cou	nty Hospita	21		Hagersto	wn		Wa	shin	gton
10a. STATE 10b. COUN									10d. INSIDE CITY
Maryland Was	hington		Hagers	town					1 K YES 2 NO
104 East Irvin			101. ZIP CODE 21742		10g. CITIZEN OF WHA				
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	lf y	S DECENDENT OF HISPA rea, specify Cuban, Maxie YES 2 XNO Spec	en, Puerto				- American Indian, White, etc.
15. DECEDENT'S ED (Specify only highest gra	DUCATION de complete d		T'S USUAL OCC		16	b. KIND OF BU	SINESS/IND	USTRY	***************************************
Elementary/Secondary (0-12) 0-12	College (1-4 or 5+)	Iffe. Do NO	OT use retired.)	ing most of working er relatio	n	co	rp.		
17. FATHER'S NAME (First, Middle, Last)		1		18. MOTHER'S N			Α	-	
J. Walter	Pryor					e I. W			
19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING ADDRESS (Street and Number or Rural Route Number, C							Codel	
Mrs. A. Jane Pry	or			rvin Avenu					land 217
20a, METHOD OF DISPOSITION  1	movel from State	20b. PLACE AND DA	ATE OF DISPOSITI	ON(Name of metery	1		agers		m, State , Marylar
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1.000 11		ME AND ADDRESS OF F					1 Home
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FOR STATE REGISTRAR

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DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN March 18, 1994 Hazel C. Pennington 1145 hrs * 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 216 20 3402 1 - M 2XXF DAYS HOURS YRS. W. Virginia Oct. 9, 1919 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Kitty's Domicilliary Home Sudlersville Queen Annes 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil Georgetown XX YES 2 NO permit FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 21930 United States 87 West George Street er death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puarto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: В Specify 3 Widowed 4 Divorced use as the White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most iffe. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 100 Elementary/Secondary (0-12) College (1-4 or 5+) detached 12 Homemaker Domestic once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be 76 Grace Lance Festus Ralph Young BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 87 West George Street, Georgetown, Maryland 21930 Robert Mannington Pennington 9 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nagres of Creek cometery, cremetery, cremetery or other place) Prench Cemetery 03-23-1994 French Creek, W. Virginia must examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Homes, P.A. William L. King the Millington, Maryland 21651 or removal medical 23. PART I. Enter the diseases, or complications that course one deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on such line. 3 Approximate interval Between IMMEDIATE CAUSE (Final **Onset and Death** npietely fille cremation, the disease or condition resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): and com burial, or other traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)-2 inding physician a Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten Mental H shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and by PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: Dept. certificate h
the State D
or Item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
Nursing Ho 1 YES 2 NO 1 | Inpstlant 2 | ER/Outpstient 3 | DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dev. Year) 28b TIME OF 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED this c is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be DIRECTOR: Journ after of Item 28 is 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner ea stated. TO THE FUNERAL D be filed within 72 ho IMPORTANT: If it 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) BE LICENSE NUMBER 물 보 물 1234 3-21-95 2 CON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Centrent 0 nN 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE

lia Saydson-Randell

21'94

MAD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

No. 1 2001

6	4	2000
		100
BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
BA	after de	/ the fu
60,	within 24 hours	npletely filled in t
(687	executed	and con
80)	icate be	physician
, P.O.	eath certif	griending
RDS	nat the de	by the
3ECO	requires th	en signed
TAL	The law	ate has be
JE VI	YSICIAN:	s certifica
ONO	DING PH	After this
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTEN	DIRECTOR

DALLIMORE, MARTLAND 21	rs after death. Page 6 may be retained by the hospital or	n by the funeral director, page 5 should be detached for us removal.	edical examiner must be notified at once.
STATES OF ALL MECCARDS, F.O. BOX 88780,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or :	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	CE			F DEATH		REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH
	Louise Catherine Pearson					March		1994	YEAR	0650 M
		6. AGE (In yrs. lest	t birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS,	7 DATE OF	DIOTH	122		PLACE (State or Foreign
	221-14-3903 □□ΜΧΧϜ	69	YRS.	MONTHS DAY	8 HOURS MIN.	Feb.	23	1925	Country	)
	9a. FACILITY NAME (If not institution, give street and number)			9h CITY TOW	N OR LOCATION OF D		45,		NTY OF DE	yland
Œ	Rd 1, Box 97 - Bolton Woods Road	1. (AT H	TME )		ersville	EATH		1100		7.77
2	RESIDENCE OF DECEDENT	1, (ALI	LTE )	Suai	ersyttte			Qu	ieen	Annes
<u></u>	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				T	10d. INSIDE CITY
DIRECTOR	Maryland Queen Annes			Sud1	ersville				- 1	LIMITS?
	10e. STREET AND NUMBER				101. ZIP CODE			10a, CITI	ZEN OF W	HAT COUNTRY?
3	Rd 1 Box 97 - Bolton Woods	s Road			21668					States
FUNERAL			MED	13. WAS	DECENDENT OF HISPA	NIC OBIGINS (	Specify Ver			
	11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI		Ю	If yes	specify Cuban, Mexico	an, Puerto Rici		07 700		- American Indian, White, etc.
B≼	3XXWidowed 4 Divorced	IN ON DATES		ייי	res XX NO Speci	ηy:			Specifi	ite
	15. DECEOENT'S EDUCATION	16e, DE0	CEDENT'S	USUAL OCCUP	ATION	16b. KI	ND OF BUS	SINESS/INC		200
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)		Do NOT us	vork done during se retired.)	most of working					
립	9 yrs		nemak	or			Dor	nesti	_	
<b>∂</b>	17. FATHER'S NAME (First, Middle, Last)	11011	Canan	CI.	16. MOTHER'S NA	AME (First, Mide			C	
Ш	Clarence Samuel Solloway					Marie				
00	19a. INFORMANT'S NAME (Type/Print)	196	. MAILING	ADDRESS (Stre	et and Number or Rural				Corte	
2	Betty Wallace				s Road - Sur					60
- 1	204, METHOD OF DISPOSITION			OF DISPOSITION		OATE	_	CATION -		
	1 X Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cren	matory or o	ther place)	ry 03-17-94	OATE				7/2116
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 0	SVIALI	22. NAME	ANO ADDRESS OF FA	ACILITY	I Suc	Hers	ATTT	e. Maryland
	▶ William L. King	4.1		Fel	lows Fune:	ral Ho		P.A.		
4	An	1d da	1	Mil	lington, l	Maryla	nd 2	21620		
	23. PART I. Enter the disease, or complications that shock, or heart fellure. List only one cause	coused the det	th. Do r	ot enter the	mode of dying, aud	ch aa cerdie	or reepl	ratory arr	reat,	Approximata
	IMMEDIATE CAUSE (Final	is on								Interval Between Onset and Daath
	disease or condition a. Metas	static i	or no	reatic	CANTOS					3 nonThs
	OUE TO (	OR AS A CONSE	UENCE OF	F):						3 11414
z										
CERTIFICATION	if any, leading to immediate	OR AS A CONSEQ	UENCE OF	r):						
5	CAUSE (Disease or injury									
≐	that initiated events resulting in death) LAST	OR AS A CONSEQ	UENCE OF	F):						
Ĭ ij	d.									
- 11	PART II. Other algnificent conditions contributing to c	deeth but not re	sulting i	n the underly	ing ceuse given in	Pert I. 24	a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
SAL							PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
<u> </u>						— I ¹	YES 2	NO		OF DEATH?
ME	-					_				1 TYES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER? HOSPITAL:			OTHER:	PLACE OF DEATH (Ch	neck only one)				
2	1 YES 2 NO 1 Inpatient 2			4 🗆 Nursing h	ome 5 Residence	8 DOther (S	pecify)			
5	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF I	NJURY y, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	26d. DEŞCR	BE HOW I	NJURY OCC	CURED	
à	2 Accident Investigation				YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	INJURY — At home inc. (Specify)	ne, farm, s	treet, factory, o	ffica	28f. LOCATIO	ON (Street a	ind Number	or Rural Ro	oute Number,
COMPLEIED	4   Nomiciae determined									
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of n	ny knowledge, dea	ith occurre	d at the time, d	ate and place, and due	to the cause(	e) and man	nor as stat	ed.	
5	one) 2 MEDICAL EXAMINER: On the baels of axe									and manner ee stated,
	29b. SIGNATURE AND TITLE OF SENTIFIER				29c. LICENSE NUI					Month, Day, Year)
	(1/1/0 - OA				044	971		DAIL	1,-1	64
2 ∥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	E OF OEATH (ITEM	27) (Type.	Print)	1 0 17	(31		- 5	\$1.75/	14
1		,	, -,							
	31. DATE ELED (Month, Ben Wer) Par REGISTRAN	S DIGNATURE C	مالان		***					
0	MAR 2 1 94									
- 10										

rs after death, Page 6 may be retained by the hospital or attending physician

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DOA 13140, DALLIMONE, MANILAND A1203-3	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a Jirs after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN'	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR		STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTA	L HYGIEN! REG. NO.	Ē	
1. DECEDENT'S NAME (First,	Middle, Last)					2. DATE	OF DEATH		3. TIME OF DEATH
Ethel Ber	nice	Palmer				Mar	ch 25	1994	4:10 A.M
4. SOCIAL SECURITY NUMBE			(In yrs. lest birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6. B	IRTHPLACE (State or Foreign
460-10-640	1	1 M 2 TF	84 YRS.	NTHS DAYS	HOURS MIN.	May	11, Day, Year)	909 T	
9a. FACILITY NAME (If not ins					R LOCATION OF D	EATH		9c. COUNTY	
Meridian N	EDENT	g Center		La Pla				Cha	rles
10e. STATE	10b. COUNTY		10c. CITY, TO	OWN OR LOCATI	ION				10d. INSIDE CITY LIMITS?
Maryland  100. STREET AND NUMBER	Cha	rles	La	a Plat	ZIP CODE			10a, CITIZEN	1 YES 2 X NO OF WHAT COUNTRY?
Star Rt. 1	Post	1107		2	0646				344
11. MARITAL STATUS		12. WAS OECEDENT EVER I	N.U.S. ARMEO		OO40	NIC ORIGI	N? (Specify Yee		BACE — American Indian
1 Never Merried 2 1		FORCES? 1 YES	2 NO	If yes, spe	cify Cuban, Mexico	en, Puerto	Ricen, etc.)		RACE — American Indian, Black, White, atc.
3 Nidowed 4 Divor	ced	IF TES, GIVE WAR OR D	AIES	1 TES	2 X NO Specif	ry:			Specify: White
15. DECE (Specify only	DENT'S EDUCA highest grade o	ATION ompleted)	16a. DECEOENT'S USU (Give kind of work life. Do NOT use re	UAL OCCUPATIO	N st of working	180	. KIND OF BUS	INESS/INDUST	RY
Elementery/Secondary (0-	12)	College (1-4 or 5+)				Ι,	7 . 1	1 0	
12			Account	ing Te		_			ernment
17. FATHER'S NAME (First, Mile					16. MOTHER'S NA			Surname)	
George Har					Ann H				
19e. INFORMANT'S NAME (7)					nd Number or Rural				
Gail Slaug	hter					95 1	-		ID 20646
20e. METHOD OF DISPOSITION  1 Statement 2 Cremation  4 Donation 5 Other	3 🗆 Ramov	cal from State	of PLACE OF DISPOSITION Of the Pipes Pipes Me			ens:		ation – city Ialdor	
21. SIGNATURE OF FUNERAL	SERVICE LICE			22. NAME AN	D ADDRESS OF FA	ACILITY			
Jani	ton	C. Celos	- III-						ome, Inc. 20646
23. PART I. Entar the di									Approximate
ehock, or he IMMEDIATE CAUSE (Fin		iet only one ceuse on a					£	. 1.	Interval Batween Onaet and Death
disease or condition	<u> </u>	Bani	tuma	~ /	orobab	1	meta	tatic	
resulting in death)		DUE TO (OR AS	CONSEQUENCE OF):				, ,		
									ļ.
1		Luna	canc	29					
Sequentially list condition		Lung	Canc	29					
If any, leading to immade cause. Enter UNDERLYII	liata NG	Lung		29					
If any, leading to immad	liata NG	OUE TO (OR AS)		96					
If any, leading to immade cause. Enter UNDERLYII CAUSE (Disease or injuries)	NG ry c.	OUE TO (OR AS)	A CONSEQUENCE OF):	96					
If any, leading to immec cause. Enter UNDERLY!! CAUSE (Disease or injurthat initiated events resulting in deeth) LAST	NG C.	OUE TO (OR AS	A CONSEQUENCE OF):						
If any, leading to immac cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events	NG C.	OUE TO (OR AS	A CONSEQUENCE OF):		3 cause given in	n Part I.	24a. WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
If any, leading to immec cause. Enter UNDERLY!! CAUSE (Disease or injurthat initiated events resulting in deeth) LAST	NG C.	OUE TO (OR AS	A CONSEQUENCE OF):		; cause given in	n Part I.		AUTOPSY MED?	
If any, leading to immec cause. Enter UNDERLY!! CAUSE (Disease or injurthat initiated events resulting in deeth) LAST	NG C.	OUE TO (OR AS	A CONSEQUENCE OF):		g cause given in	ı Part I.	PERFOR	AUTOPSY MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injusthat initiated events resulting in deeth) LAST	NG C.	OUE TO (OR AS	A CONSEQUENCE OF):		g cause given in	n Part I.	PERFOR	AUTOPSY MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injust that initiated events resulting in deeth) LAST PART II. Other eignifices	ont conditions	OUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in 1	the underlying	3 cause given in	_	PERFOR	AUTOPSY MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injust that initiated events reaulting in deeth) LAST	o. MEOICAL	OUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in t	the underlying		heck only c	PERFOR	AUTOPSY MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to Immac cause. Enter UNDERLYII CAUSE (Disease or injusthet initiated events resulting in deeth) LAST  PART II. Other eignificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	o. MEOICAL	OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DU	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in 1	28. PL	ACE OF OFATH (C.	heck only o	PERFOR	AUTOPSY MED? NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injuithat initiated events reaulting in deeth) LAST  PART II. Other eignifices  25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5	o. MEOICAL	OUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in 1	28. PL THER: Nursing Hom FF 28c. INJ. WO	ACE OF OFATH (C	heck only o	PERFOR  1 VES 2  ine)	AUTOPSY MED? NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immed cause. Enter UNDERLY CAUSE (Disease or injut that initiated events reaulting in deeth) LAST  PART II. Other eignifices  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 1  Accident 3 Suicide 6 1	d. c. d. d. D. MEOICAL	OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DU	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in to the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the co	28. PL  THER:  Nursing Hom  NV  M  1	ACE OF OFATH (C	heck only of	PERFOR	AUTOPSY MED? NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injuithet initiated events resulting in deeth) LAST  PART II. Other eignificer  25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH 1 Natural 5	ont conditions  Description  MEDICAL  Pending investigation  Could not be betarmined	OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  Contributing to death is  HOSPITAL:  1   Inpetient 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Spe	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in 1  28b. Time O INJUR  Y — At home, larm, streetly)	28. PL THER: Nursing Hom NF Y M 1 1 N et, factory, office	ACE OF OFATH (C)  5   Rasidence  WAY AT RK7 (ES 2   NO	6 Oth 28d. DE	PERFOR  1 VES 2  er (Specify)  escribe How in	AUTOPSY MED? NO NJURY OCCURE	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIENE REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH	4
		SEX 6. AGE (	in yrs. last birthday)	PA IF UNDER 1 YEA	INTER	7 DATE OF BURTH	, 1994	11:20	AM
		M 2 □ F	68 YRS.	MONTHS DAY		Jan. 18, 192	6 W.V.	fry)	ыgп
ш.	9e. FACILITY NAME (If not institution, give street of				N OR LOCATION OF D		9c. COUNTY OF D		
CTO	SACRED HEART HOSPI	TAL					ALLEC	JAN I	
DIRECTOR	10a. STATE 10b. COUNTY Allegan	у	Mid	Land	CATION			10d. INSIDE CITY LIMITS? 12 YES 2 -	NO
FUNERAL	Railroad St. (T	urner Apts	.)		21542		USA	WHAT COUNTRY?	
B≺	1 Never Merried 2 K Merried	WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	If yes		NIC ORIGIN? (Specify Yes en, Puerto Ricen, atc.) thy:	or No— 14. RAC Blac White	E — American India ck, White, etc.	n,
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp  Elementery/Secondary (0-12)  Co	ON pleted) ollege (1-4 or 5+)	Give kind of the Do NOT us	work done during	ATION most of working	166. KIND OF BUS			P
BE CO	17. FATHER'S NAME (First, Middle, Leet)  James Painter				18. MOTHER'S N Pearl	AME (First, Middle, Maiden S Young	Surneme)		
TO B	199. INFORMANT'S NAME (Type/Print) Ellanor M. Painter		Railr	oad St	, Midlar	nd, Md. 2154	2 ^{State, Zip Code)}		
	20e. METHOD OF DISPOSITION 1 (XBurlel 2   Cremetion 3   Removal 4   Donation 5   Other (Specify)	from State com	PLACE AND DATE (	ther place!		DATE 20c. LOC 3-28-94 Cum	CATION — City or To		
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	K.		Eich Lona	and address of F horn-McKe aconing.Mc	enzie Funera 1. 21539	al Home	PRI:	
CERTIFICATION	23. PART . Enter the diseasea, or comprock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	pRéstions that caused only one cause on each only one cause on each only one as a due to log as a due to log as a due to log as a due to log as a	consequence of	Acade Car	t Fla	iluu  fyrd  flu  flu  fyrd  flu	rom	Approximatinterval Be Onset and WW	tween
CERT	resulting in death) LAST	Minic	06-	frag	tive a	Higland	20		
PHYSICIAN: MEDICAL	PART II. Other significant conditions co			ege rfys.	from	1   YEE 2)	MED?	MARILABLE PRIOR TO COMPLETION OF CA OF DEATH?	NO ALISE
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 12	OSPITAL: Cinpetient 2 [] ER/Outp	etient 3 17 DOA	OTHER:	PLACE OF DEATH (C	The Control of the Control			-
ву рну	27. MANNERI OHOEATH  1 Natural 5 Panding 2 Accident Investigation	28s. DATE OF INJURY (Month, Dep. 16sr)	26b. TIM	E OF 28c.	INJUNY AT WORK? YES 2 NO	284, DESCRIBE HOW IN	JURY OCCURED		
	3 Suichte 6 Could not be 4 Homicide determined	38e. PLACE OF INJURY building, etc. (Speci	— At home, ferm,	street, fectory, o	ffice	28f. LOCATION (Shreet as City or Town, State)	nd Number or Flund	Picure Number	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: Of					a to the cause(a) and meni		e) end manner aa ats	rted.
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	3-28-94	Julia Dav		andall	/				9
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BOX 68760,
P.O.
RECORDS,
OF VITAL
DIVISION

I THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permi filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	PORTANT If then 28 is marked or them 23 shows any injury or other traumatic eyest the medical avantines must be mailtined as asset
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A   Donation   Other (Specify)   METROPOLITAN CREMATORY   3   ALEXANDRIA, VIRGINIA   21. SIGNATURE OF PUNERAL SERVICE VENERE   FRANCES J. COLLLINS FUNERAL HOME, INC.   500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901   Approximate interval Bathway   SIL.SPR., MD. 20901   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approximate interval Bathway   Approxima			and Inner State	20b. PLACE	AND DATE O	F DISPO	SITION (Na		DILL		1			
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27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, term, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.										_				
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, term, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.	Ö	EV AAMAIERO	HOSPITAL:			OTHE		ACE OF DE	ATH (Che	ock only one)				
1   Netural   2   Accident   3   Sulcide   6   Could not be determined   28s. PLACE OF INJURY — At home, term, street, factory, office   29s. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.	IS	1 TYES 2 NO	1 Inpatient 2 ER		□ DOA	4 🗆 Nu	raing Hom		sidence	8 🗆 Other (S	pecify)			
28a. PLACE OF INJURY — At home, term, street, factory, office 28b. PLACE OF INJURY — At home, term, street, factory, office 28c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	٩		(Month, Day, Ye	ear)	26b. TIME INJU	JRY	WO	RK?	1	28d. DEŞCR	IBE HOW II	NJURY OC	CURED	
29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	00	2 Suitable	28a. PLACE OF IN.	JURY — At ho	me, term, st	treet, fac			NO	28LLOCATI	IN /Street a	and Number	or Burni G	Inveto Manthus
O and and place, and due to the cause(s) and manner as stated.		_ COOLO HOLDE	building, etc.	(Specify)	-,		, 011100			City or	own, State)	u rumuer	or nurai h	oute Humber,
O and and place, and due to the cause(s) and manner as stated.	٦	29a. CERTIFIER CERTIFYING PHYSIC	IAN: To the bast of my i	knowledge de	ath occurre	d at the	time date	and place	and due	to the cause	a) and	mer en stri	ad	
0	MO													) and manner as stated.
Calva MD D 36552 > 3/18/94	0	[ Talu	SAN MO									13	181	94

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

50W Edmonston Dr. # 401.

32. REGISTRAR'S SIGNATURE

P. TALLAR, S.
31. DATE FILED (Month, Day, Year)
MAR 2 1 1994

Porhville MD. 20852

une ramera unecco, page a situata de detactreu ini use as trie duffar-larger.
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HALTIMORE, MARYLAND 21215-002	this mours after death. Page 6 may be retained by the hospital or attending p	stely filled in by the funeral director, page 5 should be detached for use as the b mation, or removal.	it, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1		FOR STATE REGISTRAR	
l i	n	ECEDENT'S NAME (Flor)	MALLE

	REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Les	Mary Annabe	1 Schwart	z Riley	7	2. DATE (	OF OEATH 3/1	9/1994	3. TIME OF DEATH 8:10 a. M
	4. SOCIAL SECURITY HUMBER	11.1-	GE In vrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE O		A BIRTH	PLACE (Statu or Foreign
	578-05-7201		78 YRS.	MONTHS DAY	B HOURS MIN.	Aug.	31, 191	Countr	y)
~	9a. FACILITY NAME (If not institution, give		W - 3	9b. CITY, TOW	N OR LOCATION OF D	EATH	9c.	COUNTY OF D	EATH
2	Montgomery Gener	al Hospital		Olney			Mo	ontgome	ry
	10e. STATE 10b. COUN	ITY	10c. CIT	Y, TOWN OR LO	CATIOH				10d. IHSIDE CITY
ā	Maryland Mont	gomery	Sil	ver Sp	ring				LIMITS?
A P	10e. STREET AND HUMBER		145		10f. ZIP CODE		100	. CITIZEN OF W	HAT COUNTRY?
	3708 Finsbury Pa	rk Drive			20906		I	J.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 7		13. WAS (	DECENDENT OF HISPA specify_Cuban, Mexic	NIC ORIGIN?	(Specify Yes or N	lo- 14. RACE	- American Indian, White, etc.
BY FUNERAL DIRECTOR	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR O			ES 2 NO Speci		can, etc.)	Specif	
	15. DECEDENT'S Et (Specify only highest gra		16a. DECEOENT'S	USUAL OCCUPA	ATIOH most of working	16b. i	KIND OF BUSINES	SS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	work done during se retired.)					
Ž	12		Teller		-		anking		
	17. FATHER'S HAME (First, Middle, Last)	la lanca ca de la			100		iddle, Maiden Sume	ame)	
BE	Cleveland Boyd S	cnwartz			Ruth Do				
2	James W. Riley				et and Number or Rural				
	AA- METHOD OF BIRDORITION		20b. PLACE AND DATE		Green Ro	DATE		ON — City or To	- 0
	1 🔀 Burial 2 Cremation 3 💆 Re 4 Donation 5 Dother (Specify)	imoval from State	complete, crematory or continue Catlett Ce	ther place) emeterv	(Name or	1	2 Catlet		
	21. SIGNATURE OF FUHERAL SERVICE			22. HAME	AND ADDRESS OF F	ACILITY		, , , , , ,	0
	1.3.6	34			ol Funera				ND 00077
	23. PART I. Errer the disesses, o	r complications that cau	sed the death. Do	not enter the	Deer ra	Ch as certil	ec or menirator	ersbur	g, MD 20877
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	s. Retrop  DUE TO (OR /  DUE TO (OR /  DUE TO (OR /  DUE TO (OR /	ERITON O	n:	Abscer	<u> </u>			Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	c. DUE TO (OR /	AS A CONSEQUENCE O	F):					
EDICAL	PART II. Other significant conditions and all utraining	ons contributing to deat	h but not resulting	In the underly	ring cause given in		244. WAS AN AUTO PERFORMEO 1 YES 2	7	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
E	MO PANCE	al (II)							1 YES 2 HO
PHTSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	heck only one	)		
2	EXAMINER?  1 YES 2 HO	HOSPITAL:	Outpatient 3 DOA	OTHER:	lome 5 🗆 Residence	6 Other	(Specify)		
	27. MANNER OF DEATH	26s. DATE OF INJU (Month, Day, Ye.			INJURY AT WORK?		RIBE HOW INJUR	Y OCCURED	
5	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not b	28e. PLACE OF INJ building, etc. (	URY — At home, farm, Specify)	street, factory, o	ffice	28t. LOCAT	TION (Street and N Town, State)	lumber or Rural R	oute Number,
COMPLETED	ana)	/SICIAN: To the best of my k							end manner as stated.
	296. SIGNATURE AND TITLE OF CERTIF	IER A A	10		29c. LICENSE NU	MBER	29d	I. DATE SIGNED	(Month, Day, Year)
0 0	author 7.	Ulmlu	1)		D24	190	•	3/10	7/94
- 1		WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)		-	1		
	#326 18[11	PRINCE	Philes	Dr	Olver	tc.	d 2	2083	2
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S		-	,				
	MAR 2 2 1994	Juna David	on-Pandell						
									OHMH-16 Rev 1/89

DHMN-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. In hours after death. Page 6 may be retained by the hospital or attending physician and compressy filled in the funeral director, page 5 should be detached for use as the buring the filled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, crematorial, crematorial.  IMPORTANT: If item 28 is marked, or item 23 shows any Inluty, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First, Middle, Last)			ERTIFIC			REG.				
				(1		2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH		
JENISON NEWMAN		JEROME-	ROBE	RTS		MARCH 2	1, 1994	3:21 p.		
4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	Cour	NPLACE (State or Foreign http)		
218-31-8732	1 X M 2   F	15	YRS.			OCT. 5,		DIA		
9a. FACILITY NAME (If not institution, give THE JOHNS HOPE RESIDENCE OF DECEDENT		TAL			ORE CITY		BALTIM			
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
	NTGOMERY		BUR	TONSVII				LIMITS?		
14247 BALLINGER					ZIP CODE 208		INDI	DIA		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES X	S X NO It yes, specify Cuban, Mer			an, Puerto Rican, etc.	Bie	I. RACE — American Indian, Black, White, etc. Specify: ASIAN		
1s. DECEDENT'S EDI (Specify only highest grad		16a. DE	CEDENT'S U	SUAL OCCUPATION And Adving mo	ON set of working	16b. KIND OF	BUSINESS/INDUSTRY			
Elementary/Secondary (0-12)	life	JDENT	retired.)	st or working						
17. FATHER'S NAME (First, Middle, Lest)		1 011	DEINI		16. MOTHER'S NA	AME (First, Middle, Mai	den Surname)			
JEROME JOSE	EPH ROBE	ERTS			NIRMAL	A E	DWIN			
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DORESS (Street a			Town, State, Zip Code)			
JEROME JOSEPH	ROBERTS	14	4247	BALLING	GER TER	RACE, BUF	TONSVILLE	, MD 20866		
20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	noval from State	20b. PLACE cemetery, cre	AND DATE OF	DISPOSITION (Na COLORGE)	arme of	1/22	IRTONSVILL			
21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	1 01120	0222		ND ADDRESS OF F	T DC	KIONSVILL	FID_		
> K/ / +	0			FRANC	IS J. CO	LLINS FUN	ERAL HOME	SP., MD 209		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. AO	RTIC OR AS A CONSE	QUENCE OF):		STRUCT			1/2 120 1/2 170		
CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):  d.										
- Hype				7/1-7		_ OK YE	S 2 🗆 NO	Ib. WERE AUTOPSY FINDING: ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND		
25. WAS CASE REFERRED TO MEDICAL	MOSSIVAL			26. PI	LACE OF DEATH (C		S 2 🗍 NO	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	HOSPITAL:	ER/Outpatient 3		26. PI			S 2 🗆 NO	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending		NJURY		26. PI OTHER: I   Nursing Hom OF 28c. IN.	ne 5 🗆 Residence	neck only one)  8  Other (Specify)	S 2 NO	AWARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	28a. DATE OF I (Month, Day 26a. PLACE OF	NJURY /, Year)	28b. TIME	26. PI OTHER: I   Nursing Hom OF 28c. IN.	ne 5 Residence URY AT PRK7 YES 2 ND	8 Other (Specify) 28d. DESCRIBE HO	OW INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	28a. DATE OF II  28a. DATE OF II  (Month, Day  28a. PLACE OF building, e	NJURY , Year)  INJURY — At hote. (Specify)	28b. TIME INJUI	26. PI DTHER: I Nursing Horn OF 28c. IN. WC M 1 1	URY AT PES 2 ND a	a Chiner (Specify)  B Other (Specify)  B LOCATION (Str. City or Town, S	oet and Number or Rura tate)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Notural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	28a. DATE OF IN (Month, Day 26a. PLACE OF building, e	NJURY , Year)  INJURY — At hote. (Specify)	28b. TIME INJUI	26. PI DTHER: I Nursing Horn OF 28c. IN. WC M 1 1	NO 5 Residence IURY AT THEY THEY THEY THEY THEY THEY THEY THE	a to the cause(a) and a time, data and place	oet and Number or Rura tate)  menner as stated,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  Notural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER   Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF	28a. DATE OF II  28a. DATE OF II  28a. PLACE OF building, e  BICIAN: To the best of m  ER: On the basis of example.	NJURY , Veer)  INJURY — At hote, (Specify)  ry knowledge, de imination and/or	28b. TIME INJUI	26. PI DTHER:  I Nursing Horn OF 28c. IN. WY M 1 1  set, factory, office at the time, data in my opinion, c	NO 5 Residence IURY AT THEY THEY THEY THEY THEY THEY THEY THE	heck only one)  8 Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Str. City or Yown, S	oet and Number or Rura tate)  menner as stated,	AMARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 ND    Route Number,		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 3  Suicide 6  Could not be determined  29a. CERTIFIER (Check only one) 2  MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER ON MEDICAL EXAMIN	28a. DATE OF II  28a. DATE OF II  28a. PLACE OF building, e  BICIAN: To the best of m  ER: On the best of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of example of exam	NJURY , Veer)  INJURY — At hote, (Specify)  ry knowledge, de immetten and/or  E OF DEATN (ITE	28b. TIME INJUI	26. P) THER:   Nursing Horr OF 28c. IN. WC WC	URY AT PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF T	a to the cause(a) and a time, data and place	menner as stated, a, and dus to the cause	AMARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 ND  Route Number,  (a) and manner as stated.		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	28e. DATE OF I	NJURY , Veer)  INJURY — At hote, (Specify)  ry knowledge, de imination and/or	DOA 4  20b. TIME  20b. TIME  NJUI  orne, ferm, str  outh occurred  investigation,  M 27) (Type, F  A C	26. P) THER:   Nursing Horr OF 28c. IN. WC WC	URY AT PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF T	a to the cause(a) and a time, data and place	menner as stated, a, and dus to the cause	COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND  Route Number,		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

	1 - STATE REGISTRAR	OTHE OF IMME		ICATE OF	DEATH		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, L	Robin:				2. DATE OF D		94	3. TIME OF DEATH	
1770-0-1	4. SOCIAL SECURITY NUMBER 159-09-7178	5. SEX 6. AG	84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day AUG.	r, Year)	Count	HPLACE (State or Fdreign hry) SSTA	
OR	9a. FACILITY NAME (If not institution, g HEBREW HOME OF	GREATER WASHI	INGTON		VILLE		9c. COUNTY OF DEATH MONTGOMERY			
FUNERAL DIRECTOR	10a. STATE 10b. COL		10c. CIT	Y, TOWN OR LOCAT	TON				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
RAL	100. STREET AND NUMBER 6121 MONTROSE R				ZIP CODE 20852				WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexico 2 ANO Specif	n, Puerto Rican	pecify Yea or No-	14. BAC	E — Americen Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 12		(Give kind of the life. Do NOT us	USUAL OCCUPATION Work done during mose retired.)			OF BUSINESS/			
BE CO	17. FATHER'S NAME (First, Middle, Last, BORIS BERMAN	,			18. MOTHER'S NA	"UN	KNOWN"			
2	19a. INFORMANT'S NAME (Type/Print) LOU ROBINSON (S	SON)			OAD, NEW					
	20a METHOD OF DISPOSITION 1X Burial 2 Commetton 3 1 4 Donation 5 Other (Specify)	Removal from State	POB. PLACE AND DATE			DATE RY 3/2	20c. LOCATION OXON			
	21. SIGNATURE OF HUNERAL SERVICE	-		DANZA	O ADDRESS OF FANSKY—GOLI ROCKVILL	DBERG N	(EMORIAI			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. ESSE/ DUE TO (OR AS	TENSIV S A CONSEQUENCE OF S A CONSEQUENCE OF	- <i>h</i>	ARDIOVI YPER	ASCUL PTEI	AR D N SIC	N	Onset and Deet  YEAR  YEAR	
DICAL	that initiated states								D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	utpatiant 3 DOA	OTHER:	ACE OF DEATH (Ch		acify!	_		
	27. MANNER OF DEATH  11 Natural 5 Pending Investigati	28a. DATE OF INJUR (Month, Day, Year		E OF 28c. INJ	URY AT		BE HOW INJURY (	OCCURED		
TED BY	2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	28s. PLACE OF INJU	IRY — At home, farm, pecify)	street, factory, offic		26f. LOCATION	N (Street and Num wn, State)	ber or Rural	Route Number,	
COMPLEIED	deed.	HYSICIAN: To the best of my kn							s) end manner as stated.	
2	290. SIGNATURE AND JUTLE OF CERT	FER LESS	son	MD	29c. LICENSE NUI	MBER 5883	29d, D	ATE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  STEVEN LIPSON GLAL MONTROSE ROAD, ROCKVILLE, MI)									
	31. DATE FILED (Mopel), Day, 1994	SA PREPISITA PRICE	SHOTURE CALLED							

15.21 An-81-8

ALL LINE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATN		3. TIME OF DEATH
1	WILLIAM		RI	CITAN	1001	11.00	DAY YEA	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		
	The first of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	.,,		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 08/01/16	u. B	BIRTHPLACE (State or Foreign Country)
	249-14-5766	1X M 2 🗆 F	77 YRS.			08/01/16		SC
	9a. FACILITY NAME (If not institution, give st.				OR LOCATION OF D	EATN	9c. COUNTY C	
DIRECTOR	PENINSULA REGIONA	T WEDICAL CI	ENTER	SA	LISBURY		W	VICOMICO
15	RESIDENCE OF DECEDENT							
W.	10s. STATE 10s. COUNTY	,	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
=	VA Acc	comack	1	Oak Hal	1			1 Y YES 2 NO
1	10e. STREET AND NUMBER	70			DI. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?
2	31006 Greta Road				23416		1,100	USA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	NULL ADMED	40 1170 05				
F	1 X Never Married 2 Married	FORCES? 1 YES	2 XNO			NIC ORIGIN? (Specify Years, Puerto Ricen, etc.)	# or NO   14. }	RACE — American Indian, Black, White, atc.
¥	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YE	S 2 X NO Specif	У		Black
ED	15. DECEDENT'S EDUC							
H	(Specify only highest grade	completed)	18a. DECEDENT'S (Give kind of	vork done during n		16b. KIND OF BU	JSINESS/INDUSTF	RY
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT u					
,   <u>B</u>	5th		Labor	er		F	arm	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)				18. MOTNER'S NA	ME (First, Middle, Maider	1 Sumame)	
BE	William Richardso	on, SR.			Fann	ie Shannon		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox		le)
유	Mary Ann Pinkard		30583	Greta	Poad Oal	k Hall, VA	23/16	
	20a, METNOD OF DISPOSITION	20	b. PLACE AND DATE				OCATION — City of	
	1 N Burlet 2 Cremetion 3 Remo	oval from State	netery, crematory or o	ther place)	0	3/19 Ha	3.3 1	T 7 A
	4 Donation 5 Other (Specify)	KI	utherrord	ramily	LEMETERY AND ADDRESS OF FA	7 3/19 Ha	11wood,	VA
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	MA SHOWER	STAD)				6. Accomac		
	23. PART I. Enter the diseases, or c	omolications that cause	d the deeth. Do i	of enter the m	ode of dving eur	the cardiac or rear	VA 4	Approximate
	ahock, or heert fallure. I	List only one cause on e	ech line.	900-00			matery entert	Interval Between
	iMMEDIATE CAUSE (Final disease or condition	Qu.	0					Onset and Death
	resulting in death)	DUE TO (OR AS	KY E	M (30)	15M			
		-0 I						
Z	Sequentially list conditions,	DUE TO (OR AS	FT +	emi Ca	LECTON	14		
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE'O	F):				
5	CAUSE (Disease or Injury	METASTA	TIC A	DENO	CARCINO	MAOF	· CECU	M
E	that initiated eventa	DUE TO (OR AS	A CONSEQUENCE O	F):	,			
E	reaulting in death) LAST	d						
DICAL	PART II. Other algnificent condition	s contributing to death i	out not reaulting	In the underlyi	ng ceuse given in		N AUTOPSY '	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
.   5						1 TYES	V	COMPLETION OF CAUSE OF DEATH?
MEC							7	1 TYES 2 NO
	-					_	- 1	1 120 1
AN	25. WAS CASE REFERRED TO MEDICAL			20.1	PLACE OF DEATH (Ch			
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:		.1	Dame	2
YS	1 VES 2 NO	1 Sinpatient 2 ER/Out			me 5 Residence		PRMC	
표	27. MANNER OF DEATH  1/ Natural 5 ☐ Pending	(Month, Day, Year)	28b. TIM	URY W	JURY AT ORK?	28d. DESCRIBE NOW	INJURY OCCURE	iD .
BY	2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe	f — Al home, term,	street, factory, off	ca	281. LOCATION (Street City or Town, State		ural Route Number,
COMPLETED	4 Nomicide determined						Í	
1 2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of my know	vledge, death occurr	ed at the time de	e and place, and dru	to the cause(s) and me	anner ne eteted	
×	and a							use(s) and manner as stated.
8				,,,		time, oute and proce, e	no due to me cac	use(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	'			29c. LICENSE NUI	MBER	29d. DATE SIG	GMED (Mont), Day, Year)
0	Mech	10			1041	1567	0//	14/94
[ F ]	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE			. 11.72		1	
	NICHOLAS (	10- DUI	AS 14:	55, CAR	eron ST	SAUSIA	1m 2	1801
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			· · · · · · · · · · · · · · · · · · ·			
	MAR 2 2 199	4 Luistin	dem Rondon	4				
	MAR 7 6 100	1						

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	t. DECEDENT'S NAME (First	Allelette Lant)			7	IOAIL	-	DEAL		HEG. NO.				
					K	odo	(0)	٨		DATE OF DEATH MONTH DA	Y _	YEAR	3. TIME OF DEATH	
	Doris 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY SECURITY NUMBER 4. SOCIAL SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY SECURITY	Trui			1 3	1,1	The P		M	laych	7	14	0- 9 m	
			5. SEX	6. AGE (In yr.	s. last birthday)	IF UNDER	1 YEAR DAYB	HOURS	MIN. 7.	DATE OF BIRTN (Month, Day, Year)		8. BIRTN Countr	IPLACE (State or Foreign	
	215-44-678	8	1 M 2 X F		85 YRS.				2,	/26/1909		Maryland		
	9a. FACILITY NAME (If not in					9b. CITY,			N OF DEATH		9c. COU	NTY OF D		
8	PENINSULA R	EGIONA	L MEDICA	L CENT	CENTER SALISBURY							WIC	OMICO	
DIRECTOR	RESIDENCE OF DEC				40. OTV TOWN OR LOCATION						I sad bleion old			
	Manuel and	10b. COUNTY			10c. CITY, TOWN OR LOCATION  POCCOMORO City					10d. INSIDE CITY LIMITS?				
	Maryland	Worce	ster		Pocomoke City					t □ YES 2				
¥	10e. STREET AND NUMBER						101	ZIP CODE		10g. CITIZEN OF WHAT COUN			VHAT COUNTRY?	
FUNERAL	1725 Buck H	arbor :	Road							C ORIGIN? (Specify Yes or No. 14 BACE			SA	
5	ti. MARITAL STATUS		t2. WAS DECEDEN FORCES? 1										- American Indian, t, White, atc.	
ВУ	1 Never Married 2 3 X Widowed 4 Divo		IF YES, GIVE V					2 X NO		uerto Rican, etc.)		Speci		
	3 X Widowed 4 Dive	Hood			TE 2 22 NO Specify.								White	
		EDENT'S EDUC y highest grade		164	. DECEDENT'S					16b. KIND OF BUS	INESS/IN	OUSTRY		
9	Elementary/Secondary (	0-12)	College (1-4 or 5	·) _	(Give kind of work done during most of working life. Do NOT use retired.)									
₽ B	11		3	R	Registered Nurse									
COMPLETED	17. FATNER'S NAME (First, M		18. MOTNER'S NAME (											
BE	Clarence A					Sara	ah El:	izabeth E						
2	19a. INFORMANT'S NAME (	lype/Print)								Number, City or Town				
F	Amy Taylor				1725	Buck	Har	bor I	Rd., 1	Pocomoke	City	, Md	1. 21851	
	20a METNOD OF OISPOSIT 1 Burlel 2 Crematic		CEANDDATE		TION (Na	ime of		OATE 20c. LOC	ATION -	City or To	wn, Stata			
	4 Donation 5 Other	Betha	nv Unit	ed Met	hodi	st Oem	eterv	3/23 Poco	20c. LOCATION — City or Town, Stata 23 POCOMOKE City, Md.					
ı	21, SIGNATURE OF FUNERA			22. N	NAME A	ND ADDRESS	S OF FACILIT	ry						
	> Sout	7 5	Mohr	n					neral			6.3	01051	
	22 BADT I Estentha	· · · ·	11(2020							omoke Cit			21851	
	23. PART I. Enter tha d shock, or h	aart fallure.	List only one cau	se on each	Ilna.	lot enter	tne mo	as or ayın	ng, such se	Cardiac or respir	atory sr	rest,	Approximate Intarval Between	
- 1	IMMEDIATE CAUSE (FI	nal	, ,				0.0		1	2 1 2			Onset and Death	
	disease or condition resulting in death)	<b>→</b>	- Cev	RMX	wordschlar Hecident 10m								10MIN-	
			DUE TO	(OR AS A CO	NSEQUENCE O	F): \								
z I	Sequentially list condit	lons	b											
CERTIFICATION	If any, leading to imme	diata	DUE TO	(OR AS A CO	NSEQUENCE O	F):								
<u> </u>	cause. Enter UNDERLY CAUSE (Disease or Inju		2		A CONSEQUENCE OF):									
Ē	that initiated eventa resulting in death) LAS	т .	DUE TO	(OR AS A CO										
<b>#</b>			d											
	PART II. Other aignifica	int condition	a contributing to	death but n	ot resulting	in tha und	derlyin	g cause gi	iven in Par	I. 24e, WAS AN	WTOPSY	24b.	. WERE AUTOPSY FINDINGS	
SP	CONCIN	MACK	d (	11100	1-11	acto	A	1+1		PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	FERDING		0-1	MICH	7 1 1 1	ACT TO	6016	1/10		1 🗆 YES 2	DI NO		OF DEATH?	
Σ	- s- pvpc	2001	0.5	MIGI	ani					.			1 TYES 2 NO	
SICIAN:	25. WAS CASE REFERRED T	O MEDICAL												
힐	EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF DE	ATN (Check o	only one)				
HYS	t   YES 2   NO		t 25 Inpatiant 2					_		Other (Specify)				
۱۱ ۵	27. MANNER OF OEATH	Pending	26a. DATE OF (Month, D		28b. TIN	URY		RK?	_	d. DESCRIBE HOW IN	JURY OC	CURED		
וֹמ		Investigation				M	1 🗆 '		NO					
	3 Suicide 8 4 Nomicide	Could not be determined	28a. PLACE O building,	F INJURY — A atc. (Specify)	It home, term,	street, facto	ory, offic		261	<ol> <li>LOCATION (Street as City or Town, State)</li> </ol>	nd Number	or Rural R	Route Number,	
	TOTAL COLUMN	o etal tilling		_										
ਫ਼	(Check only 1 CERT	TIFYING PNYSI	CIAN: To the beat of	my knowledge	, death occurr	ed at the tir	me, data	and place,	and due to t	he cause(s) and man	ner as ata	ted.		
COMPLE	2 MED	ICAL EXAMINE	R: On the basis of a	xamination and	1/or investigation	m, In my op	oinion, d	eath occure	d at the time	, data and place, and	dua to th	ne cause(s	) and manner as stated.	
C I	296. SIGNATURE AND TURE	OF CHATTER	- 0	$\cap$				29c, LICEN	ISE NUMBER	1	29d, DAT	E SIGNEO	(Month, Day, Year)	
0	Cerci (	11/10	TODE V	V	N	5		DS	191	57	13	1.19	1.9/1	
2	30 NAME AND AGORESS OF	F PERSON WHO	O COMPLETEO CAUS	SE OF OEATN	(ITEM 27) (Type	Print)			0			l		
	KOGER C. 1	nerr	:11 Mi	) 11	10 L	7	W	St. "	Sali	shini.	MI	7 -	187)	
	31. DATE FILED (MONTE Day)	Year)	32. REGISTRA				7	<u> </u>	1111	217019	11	11 -	-100	
	WAR 2	3 1994	Julia	Sinden	- Randar	<b>L</b>				_				
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2	E	TOR after	28
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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31. DATE FILED (Month, Day, Year)

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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	RTMENT OF	F HEALTH	I AND I	MENTAL	HYGIEN REG. NO.					
- 61	1. DECEDENT'S NAME (First,	Middle, Last)				0			2. DATE O	F DEATH			3. TIME O	F DEATH	А
- 8	BLANCHE FIN	INEY				Ro	wlen		month	ch a		99U	0	735	8 4
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YE	AR IF WIDE	R 24 HRS.	7. DATE OF			8. BIRTI	HPLACE (Sta	te or Fon	eign
1	220-26-7729		1 M 2 XF	64	YRS.		WN OR LOCAT	MIN.	03/27		I a	Count	ΪA		
DIRECTOR	PENINSULA R	EGIONA		L CENTE	ER		LISBU		CAIN			ICOM			
ן ה	RESIDENCE OF DEC	10b. COUNTY	,		10c CIT	Y, TOWN OR L	OCATION						10d. INSIC	e orry	
E	VA	Accor					OCATION						LIMIT	87	
	10e. STREET AND NUMBER	ACCO	ilack		_L_Pai	rksley	10f. ZIP COD	)E			10a CIT	ZEN OF V	1 X YES		40
FUNERAL	10-e. STREET AND NUMBER  27079 Seaside Park  11. MARITAL STATUS 1							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
3		ue rai	12. WAS DECEDEN	IT EVER IN U.S. A					NIC OBIGIN? (Specify Ves or No. 14 BA					en Indie	0.
			FORCES? 1	X YES 2	NO	If ye	s, specify Cub	n, Puerto Ric	Puerto Rican, atc.)		Black	I. RACE — American Indian, Black, White, etc.		.,	
B	3 Widowed 4 Divo				1 YES NO Specify						Specify: Black				
COMPLETED	15. DEC (Specify only	CATION completed)			Work done during		ina	16b. A	IND OF BUS	BINESS/INC	OUSTRY				
	Elementary/Secondary (0 12th			College (1-4 or 5+) life. Do NOT use											
MP					Labore	er				House		ing			
	17. FATHER'S NAME (First, Mi	,							ME (First, Mic		Sumame)				
B	Allie Finne	y			Commence of the			Luci	lle Fi	nney					
2						ADDRESS (SI									
	Theodore Ro					Seasi		K, Pa							
	20a, METHOD OF DISPOSITI 1 A Burial 2 Crematio 4 Donation 5 Other		oval from Stata	cemetery, c	EANDDATE remalory or c	of disposition of the place of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	N(Name of		1	20c. Lo					
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	<		22. NAN	E AND ADDRE	ESS OF FA	CILITY						
	► /A	18/	1/16)	2			C. Huml								
	23. PART I. Enter the di	seeses, or o	complications the	it coused the c	death. Do	not enter the	Rox	/ing. suc	ACCC	mac,	ratory an	3301		roxima	to
	shock, or he IMMEDIATE CAUSE (Fin	eert fellure.	List only one car	use on each lie	ne.						,	,	Inte	rval Bet	tween
	disease or condition	<b>→</b>	Sen	7,2											00000
	resulting in death)		. Sepo	OR AS A CONS	EQUENCE O	F):							100	ve y	5
Z	Consumately that are dis-		DUE TO  COVONO  DUE TO	.h De	perel	ent ?	1 about	tes					the	uz y	S (V3,
RTIFICATION	Sequentially list conditi if any, leading to immed	ons, diate	OUE TO	(OR AS A CONS	QUENCE O	P):									
2	cause. Enter UNDERLYI CAUSE (Disease or inju	NG ry	cororo	y a	Hery	dise	ye_						de	My K	3,
E	thet initieted events resulting in death) LAS	7	DUE 10	ON AS A CONS	EQUENCE	W)E								ι	
CER			d		_										
	PART II. Other significa	nt condition	e contributing to	deeth but not	resulting	in the under	lying ceuse	given In	Part I. 2	4a. WAS AN		24b	. WERE AUT		
2	HABOAK	MISION	No1	bid (	Obes	the	CVA			PERFOR	_		COMPLETE	ON OF CA	
			1			1			_				OF DEATH		0
=						-0			-					- 11	×
M	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					6. PLACE OF I	DEATN (Ch	eck only one)						
SIC	1 TES 2 ANO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 Nursing	Home 5 🗆 R	lesidence	8 Other	Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATN	10-00	28e. DATE OF (Month, D		28b. TIN	IE OF 28	. INJURY AT WORK?		28d. DESC	RIBE NOW I	NJURY OC	CURED			
BY		Pending Investigation				M 1	YES 2	NO .							
B		Could not be detarmined	28e. PLACE C building,	F INJURY — At I atc. (Specify)	home, term,	street, factory,	offica		28t. LOCAT City or	TON (Street a Town, State)	and Number	or Rural I	Route Number	91,	
COMPLET	29a. CERTIFIER														
MP	(Check only		CIAN: To the best of												
8	2 meon	TAN CUMMINE	R: On the besis of a	Administrati WRG/0	veetigatk	on, in my opini	oni, uestri occi.	off) The court	ume, date a	no placa, an	a aue to th	ne cause(s	) end menn	er as ste	ned.

29t. LICENSE NUMBER 29d. DATE SIGNED (N

30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

40 560 Riverside errigan

32. REGISTRAR'S SIGNATURE

DNMH-18 Rev 1/89

Royer Robbert.

	1 - STATE REGISTRAR	CIAIL OF MARTLAND	ERTIF	ICATE OF			REG. NO.	t		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3	. TIME OF DEATH
	Robert Kennet	th Royer					3 - 3		94	2319 "
	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	SEX 8. AGE (In yrs. ia:	st birthday)	IF UNDER 1 YEAR	IF UNDER 2		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	LACE (State or Foreign
- 27	218-03-6020	K M 2 □ F 78	YRS.	MONTHS DAYS	HOURS	MIN.	Jan 29 1	916	Mar	yland
_ ()	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN C	R LOCATIO	N OF DEA	тн	9c. COL	NTY OF DEA	ХТН
DIRECTOR	Carroll County C	Gen. Hospita	1	Westm	inst	er		C	arrol	1
딥	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			od, INSIDE CITY		
뜽	Md Car	rroll								LIMITS?
	Md     Carrol1     Hampstead     1 □       10e. STREET AND NUMBER     10f. ZIP CODE     10g. CITIZEN OF WHAT (									
ER/	2139 Cape Horn Road 20174 United S								The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. AF		13. WAS DEC	ENDENT OF	HISPANIC	C ORIGIN? (Specify Yea		14. RACE -	- American Indian.
	A	FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	NO		ecify Cuben 2 W NO		Puerto Rican, etc.)		Black, Specify:	
Э ВУ	3 Widowed 4 Divorced								white	
TED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	pleted) (G	live kind of	Work done during mo		,	166. KIND OF BUS	SINESS/IN	OUSTRY	
빌	Elementary/Secondary (0-12) Co	Ollege (1-4 or 5 +)	. Do NOT u				Washan	- 10	0 70-3	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		orke	31			Wester	_	D Kai	Troad
	Charles David	Royer			18. MOTH		E (First, Middle, Meiden		tson	
BE	19a. INFORMANT'S NAME (Type/Print)		b. MAILING	ADORESS /Stroot o			ute Number, City or Town			
임	Grace Royer						, Hampst			21074
	20e. METHOD OF DISPOSITION	20b, PLACE		OF DISPOSITION (Na					City or Town	
	1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	Connectory, Cre	annatury or o	mier piace)		•	w We			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EΕ		22. NAME AN	ID ADDRES	S OF FACE	LITY			
	<b>•</b>						ral Home			
	23. PART I. Enter the diseeses, or comp	pilcations that caused the d	eeth Do	41Z	wash	ing	ton Rd.,	We	stmin	Approximata
	shock, or haart failure. List	only one ceuse on each line	е.					racory as	reat,	interval Between
	IMMEDIATE CAUSE (Final Onset and Death									
	reaulting in death) a	DUE TO (OR AS A CONSE	OUENCE O	F):	C 7-17	100				45MINUTE
z		CHLON	1/C	LONAL	F	AIL	URG			1-246ARS
은	Sequentially list conditions,									
S	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events out to (or as a consequence or):  Out to (or as a consequence or):  Out to (or as a consequence or):									
빌	CAUSE (Disease or injury thet initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  PCLIPHERAL VASCULAR DISEASE  1-2 YEARS									
CERTIFICATION	d	FELITIE	ハクレ	VMJC	-007	~	DIO C/4.	3 C		1-21018
CAL	PART ii. Other algnificent conditions co				g ceuse gi	iven in P	art i. 24e. WAS AN PERFOR	AUTOPSY		VERE AUTOPSY FINDINGS
일	DIABOT						1 _ YES 2		0	MAILABLE PRIOR TO COMPLETION DF CAUSE
MEC	#THEROSC	LEXOTIC HI	ALT	- D15	EAS	F				F OEATH?
	RECENT	- AMPUTAT	70NI	-BC-LO	WA	2NH	4.			
\ <del>\</del> S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pt	ACE OF DE	ATH (Chec	k only one)			
Si		OSPITAL: Inpatient 2 ER/Outpatient :	DOA	OTHER: 4 Nursing Hom	e 5 🗆 Ree	idence 6	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Till IN.		URY AT	:	28d. DESCRIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	NH	_		/ES 2 🗌	NO				
ED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF/INJURY — At he building, etc. (Specify)	ome, ferm,	street, fectory, offic		1	281. LOCATION (Street a City or Town, State)		or Aural Rou	ite Number,
립		: To the best of my knowledge, de	esth occurr	red at the time, date	and pleca,	and due to	the ceuse(a) and man	mer ee sta	rted.	
COMPLET	2 MEDICAL EXAMINER: OF	n the basis of exemination end/or	investigation	on, in my opinion, d	esth occure	d at the H	me, data and place, an	d due to I	he ceuse(a) a	and menner as stated.
l w l	296. SIGNATURE AND TITLE OF CENTIFIER	1 1	\		29c. LICE	NSE NUMB	E 2 0	29d. DA		Aonth, Day, Year)
TO B	(Indiew ) Ju	wish M.J			1)	24	727	•	3-2	25-93
F	ANDREW T. SURMAK M.D. 3350 WILKENS AVE \$ 304 BALT, 21229									
	31. DATE FILED (Month, Day, Year)  32. REGISTBAR'S SIGNATURE									
	MAR 25 '94	Para land								

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" Sue"	A -	- S		ı
BALTIMORE, MARYLAND 21215-0020	ath. Page 6 may be retained by the hospital or attending physician.	uneral director, page 5 should be detached for use as the burial-transit	aminer must be notified at once.	
BA	ter de	the f	al ex	Ļ
	urs af	In by	odic	l
	PH 1.3	filled on, o	he m	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	13 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-liganship be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR			CE	RTIF	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First,		Lowell		Rei	inders	8	2. DATE	05 DEATH DAY 94	YEAR	3. TIME OF DEATH
4. SOCIAL SÉCURITY NUMB 522-24-73		5. SEX 1 M 2 D F	8. AGE (In yrs. last 72		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	(Mont	of BIRTH th, Day, Year) 15/12/21	Count	HPLACE (State or Foreign hy) OWA
9a. FACILITY NAME (If not in		A NOW LATER				OR LOCATION OF D	EATH	9c. (	COUNTY OF C	Arundel
136 Down	EDENT	TAG			26A61	na Park			Anne	ALGIOET
10a. STATE	10b. COUNTY	ne Arunde	el		TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO
136 Down:	ing Dr:	ive	1.37		10	r. ZIP CODE	1146	10g.	U.S.	WHAT COUNTRY? A.
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divo	100	12. WAS DECEDENT FORCES? 1 IF YES, OIVE W	AR OR DATES	AED O	If yes, sp	cendent of HISPA pecify Cuben, Maxica 3 2 NO Specif	an, Puarto	N? (Specify Yes or No Rican, stc.)	— 14. RAC Blac Spec	E — American Indian, k, White, atc.
	EDENT'S EDUC highest grade	completed)	(Gh		USUAL OCCUPATI ork done during me retired.)		168	. KIND OF BUSINESS	INDUSTRY	
Elemental y/secondary (o	-12)	College (1-4 or 5+		Intel	llioence	e Special	list	NSA - Fe	ederal	Govt.
17. FATNER'S NAME (First, M.	iddle, Last)		THE RESERVE					Middle, Maiden Suman		
Reinhart		ers				Nora				
19a. INFORMANT'S NAME (7)							Route Num	ber, City or Town, State		200
20a. METHOD OF DISPOSITE					Downing FDISPOSITION (N		DAY	Severna		
Buriel 2 Crematio	n 3 🗆 Remo	oval from State	cemetery, cren		ner placa)		3/8	Crowns		V
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE 3			22. NAME A	ND ADDRESS OF H	SEVEN!	495 Ri	tchie	Hwy.
23. PART I Enter the di	seasea, or c	complications that	caused the dea	th. Do no						Approximate
IMMEDIATE CAUSE (Sin disease or condition resulting in death)		List only one cau		UENCE OF	Ur.	LE BO	ædd	ler		Interval Between Onset and Death
Sequentially list condition if any, leading to immediates. Enter UNDERLY! CAUSE (Disease or Injury)	diata NG		OR AS A CONSEO		):	rcino	no			
that initiated events resulting in death) LAS	T .	1	on AS A CONSEC	OENCE OF		14				
PART II. Other algnifice		0		7	dive	Strier	Part I.	24a, WAS AN AUTOF PERFORMED? 1 YES 2 11 M		N. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERENCED TO EXAMINER?	D MEDICAL	HOSPITAL:			26. P	LACE OF DEATH (C/	heck only o	ne)		
1 TYES 2 THO		1 - Inpatient 2 -		□ DOA	4 - Nursing Nor	ne 5 Residence	-			
	Pending Investigation	28a, DATE OF (Month, De		28b. TIME INJU	JRY W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE NOW INJURY	OCCURED	
3 Suicide 6 .	Could not be detarmined	28e. PLACE Of building,	F INJURY — At horetc. (Specify)	ne, farm, st	treet, factory, offic	Ca	28f. LOC City	CATION (Street and Nur or Town, State)	mber or Rural	Route Number,
one)		/						use(s) and menner as a and place, and due		s) and menner as stated.
29b. SIGNATURE AND TITLE	ad	21-	10	)		29c, LICENSE NU	MBER 25	9 29d.		2 (- 94)
30. NAME AND ADDRESS OF	CHARD	_ MC	1600	COA	in /4	Eu L C	TEN	BURNIE MIL	210	61
31. MEANED (NOTIFICATION)	1994		R'S SIONATURE	Pelie !	Swidson-7	Bhave				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdat-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	iv removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

FOR

	REGISTRAR	CE	ERTIFI	CATE OF	DEATH	R	EG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I				3. TIME OF DEATH
	JAMES EDWARD	RAY				MONTH	h 2	6	199U	1015 am
,	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HTRI	<u> </u>	6. BIRTH	PLACE (State or Foreign
	220-16-0056 1XM20F	87	YRS.	MONTHS DAYS	HOURS MIN.	Sept.	, vear) 12.1	one	Countr	**
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN (	OR LOCATION OF D		16,1		NTY OF D	eryland
	Washington County Ho	spital			stown					ngton
DINEC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.									10d. INSIDE CITY LIMITS?
	Maryland Washingto	) n	<u> </u>	gerst						1 YES 2 NO
	11 West Baltimore St	reet		10	21740				.S.A	VHAT COUNTRY?
מו במו	1 Name Married 2 Married FORCES?	ENT EVER IN U.S. AR 1 YES 2 YN WAR OR DATES	MED 10	If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxico 2 NO Specif	in, Puerto Rican		or No-	14. RACE Black Speck	- American Indian, t, White, etc.
	15. DECEDENT'S EDUCATION			USUAL OCCUPATION		16b. KIN	D OF BUS	INESS/INE	DUSTRY	
COMPLE	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or	life	Do NOT use	COMPL.	ost of working		To	veri	-	
	17. FATHER'S NAME (First, Middle, Last)		OWITE	, 1	18. MOTHER'S NA	ME (First Middle				
	Harry F. Ra	ıy			Ella	me (r not, moon	a, mancon		mith	
	19a. INFORMANT'S NAME (Type/Print)	198	b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, C	ity or Town	, State, Zip	Code)	
	H. Marcellus Swain	1	.6824	Hampt	on Road	d, Wil	lia	msp	ort.	Md. 21795
	20e METHOD OF DISPOSITION 1	20h PLACEA	MDDATEO	E DISPOSITION /A/	ama of	DATE	20c I 00	MOLTA	City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	_   nest	пач	PO CEI	ND ADDRESS OF FA	U3-29-	94	Hage	erst	own,Md.
	-	1					nona	1 La	mo -	Tno
-	23. PART I. Enter the disesses, or complications to	- 4	eth. Do n	40 E.	Antietam	Stree	t, H	ager	stowr	Inc. n. Md. 2174
	ahock, or heart feliure. List only one of IMMEDIATE CAUSE (Fins)	adee on eech iine	).	or enter the mo	de or dying, suc	in as cardiac	or respii	atory sr	rest,	interval Between Onset and Death
			Resp	inalog	toy Farling					to his
	DUE	O (OR AS A CONSEC	DUENCE OF	):	0		Co.			
	Sequentielly list conditions,		Ric	nun	Phenr	vanic .				1 miles
	if sny, leading to immediate cause. Enter UNDERLYING	O (OR AS A CONSEC	Per periodicy failing  R AS A CONSEQUENCE OF):  Premier Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  Premier  P					Date		
	CAUSE (Disease or injury that initisted eventa	O (OR AS A CONSEC	DUENCE OF	): ):	nemelle				to a	300
	resulting in death) LAST									
	PART II. Other significant conditions contributing	to death but not r	eeulting is	n the underlyin	g ceuse given in	Part i. 24e	WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
										1 _ YES 2 _ NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	ACE OF DEATH (C)	eck only one)				
	I HOGE HAL.	ER/Outpatient 3	□ DOA	OTHER: 4   Nursing Horn	ne 5 🗆 Rasidenca	6 Other (Sp	ecify)			
	27. MANNER OF DEATH 286. DATE	OF INJURY	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIE		JURY OC	CURED	
	1 Natural 5 Pending	Day, Year)	-mJ(		YES 2 NO					
- 0	3 Suicide 280. PLACE	OF INJURY — At ho	me, farm, s	Ireet, factory, offic		28f. LOCATIO	N (Street a	nd Number	r or Rural R	Toute Number,
1	4 Homicide detarmined	ig, atc. (Specify)				City or To	wn, State)			
	290. CERTIFIER	of my knowledge de	ath assume	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			No. 70		de l	
	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best 2  MEDICAL EXAMINER: On the basis of									) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU					(Month, Day, Year)
	V-Back MD				D (80 (			ZPG. DAT		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH OFFI	M 27) /Time	Print)						
	VASANT DATTA, N				MAKE	RSTOW	~, '	20	21	7 40
		RAR'S SIGNATURE	Render	_						

BALT	irs after death. F	n by the funeral removal.	edical examin
DIVISION OF VITAL RECORDS, F.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. F	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examin
	Fire	F A	-

		FOR 1 _ STATE	STATE OF MA	ARYLAND /	DEPAR	TMENT	OF H	EALTH AND I	MENTA	L HYGIEN	IE	7	10211
		REGISTRAR						DEATH		REG. NO			
	i	1. DECEOENT'S NAME (First, Middle, Last)				)				OF OEATH		3	TIME OF DEATH
	i	TAMES	_ AWREN	CE	4	11<<	5.1	//	MON			QU	3:45
	1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	hirthday	IF UNDER 1	VEAD	IF UNDER 24 HRS.	100	OF BIRTH	Y 1		ACE (State or Foreign
			1 🔀 M 2 🗆 F	,	YRS.		DAYS	HOURS MIN.	(Mon	th, Day, Year)		Country)	
		579-09-9050		77	THS.				Jar	n. 16,	1917	Mar	yland
DIRECTOR		SOUTHERN MA	PyLANDI	ospit	AL	OCITY, T	Nto	DN, MAK	EYLF	tND	PRIA	Y OF OEA	SEORGES
Ĭ		10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	LOCAT	ION				10	Od. INSIDE CITY
1 5		Maryland St.	Mary's		T.e	onard	tow	n					LIMITS?
	- 11	10e. STREET AND NUMBER	7 0			Oricita		ZIP COOE			T		YES 2 NO
FUNERAL		Rt. 1 Box 137-4						20650				S.A.	AT COUNTRY?
5		11. MARITAL STATUS	12. WAS DECEDENT			13. W	S OECI	ENGENT OF HISPAN	NIC ORIGI	N? (Specify Yes	or No — 1	. RACE -	- American Indian,
BY F	- 11	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 5		0		13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1 ☐ YES 2 ☑ NO Specify:  White						
0	- 1	15. OECEOENT'S EQUI	CATION	100 00	CECENTIC	USUAL OCC	UDATIO		1				LE
ETED	- 1	(Specify only highest grade	completed)	(G)		vork done du			.16	b. KINO OF BU	SINESS/INOU:	STRY	
٣		Elementary/Secondary (0-12)	College (1-4 or 5+)	100									
ᆲ		8th Grade		S	ecur	ity G	uar	<u>d</u>		Elect	ric C	ompa	ny
ONCE.	ı	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First,	Middle, Meiden	Sumame)		
ᇣ		John Rob	ert	Russ	ell			Marv		Bessie	2	Hard	ina
B B		19a. INFORMANT'S NAME (Type/Print)		7		ACORESS /	Street or		Dough Alum				
TO BE COM		199. INFORMANT'S NAME (Type/Print)  190. MAILING ACORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  Ruene Marcella Russell  Rt. 1 Box 137-4, Leonardtown, Md. 20650											
8	1	20a METHOO OF DISPOSITION		20b. PLACE					OA		CATION CI		State
examiner must	1	1 X Burlel 2 Cremetion 3 Rem	oval from State	compton, ore	matan. o. o	ther place!						*	
	н	21. SIGNATURE OF FUNERAL SERVICE LIC	north A	1 Sact	ea n			etery 3		94 50	ISNWOO	a, M	aryland
를	п	SI SIGNATURE OF FUNERAL SERVICE LIC	2/6	0				O ADDRESS OF FA		on Div	owel :	Tomo	D 3
ğ		Widgel	Kan	Dine.	. )			ngley-Ga					
	┪	23 PART I/Enter the diseases or o	omeliantiana that	100/2	oth De	1 P.(	J	Box 2/0.	Lec	nardto	own. M	aryla	and 20650
medical		23. PART I Enter the disasses, or canock, or heart fellure.	List only one cause	causad tha da e on aach iina	ath. Do r	ot entar tr	na mod	de of dying, suc	h ss car	diac or resp	iratory arres	st,	Approximats Interval Between
E	1	IMMEDIATE CAUSE (Final	.50(3)	150									Onset and Daath
Ē	۱	disease or condition	C 0	P 70112100	Nov	ATH	~1						
event,	ı	resulting in death)	OUE TO (O	R PIUM	DUENCE O	Fir							Jeans
						-							
ATION		Sequentially list conditions, a CORONARY ARTERY DISIE ASIE YEARS											
E E		if any, leading to immediate											
RTIFICATION	Ш	CAUSE (Disease or Injury								y com			
TIFIC		that initisted events	OUE TO (O	OUE TO (OR AS A CONSEQUENCE OF):							0		
		resulting in death) LAST	d										
S E	1												
snows any injury.  MEDICAL CE		PART II. Other significant condition		aath but not r	eauiting	in tha unda	ariying	cause given in	Part i.	24s. WAS AN PERFOR			ERE AUTOPSY FINDINGS
들		RENAL F	AILURE							1 TES 2		0	OMPLETION OF CAUSE
2 III		SEVERE	DE QUENE	2041	700	- 02	0	a Acis			12.0		F OEATH?
2 ≥		00000	10/11/2	AIL I								'	YES 2 NO
PHYSICIAN: MEDICA			VAL A	ORIL	171	EUR							
티궁		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF OEATH (Ch	eck only o	ine)			
YSICI,	- 11	1 TES 2 NO	1 M Inpatient 2 🗆 E	ER/Outpatient 3	□ DOA		g Home	5 🗆 Residence	a 🗆 Oth	er (Specify)			
3 3	l	27. MANNER OF DEATH	26e. DATE OF IN		26b. TIM		8c. INJ		28d. DE	SCRIBE HOW I	NJURY OCCU	REO	
		1 Natural 5 Pending	(Month, Day,	Year)	INJ	URY	1 Y	RK? ES 2 NO	7				
		2 Accident Investigation	28a PLACE OF	INJURY At ho	fa				004.10	2471011101			
<u>≈</u> Ω	1	3 Suicide a Could not be 4 Homicide determined	building, et	c. (Specify)	ne, term,	street, factor	y, office	'	City	CATION (Street or Town, State)	and Number of	Hural Hou	te Number,
n 28		- Continued											
O BE COMPLETED		29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, de	th occum	ed at the time	e, data	and place, and due	to the ce	use(s) and ma	nner se stated		
Z Z		one) 2 MEDICAL EXAMINE											nd menner en steted
<b>E</b> S						,, -ри				- Arra Prace, et			
BE		29b. SIGNATURE AND TITLE OF CERTIFIER	1	7				29c. LICENSE NUI		-			fonth, Day, Year)
		Mount	,	/.				D 38	38	38	3	118/9	4
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DESTRUCTION OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE COMPLETED CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE						, - , ,							

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31. OATE FILEO (Month), Day, Year)
MAR 2 2 '94

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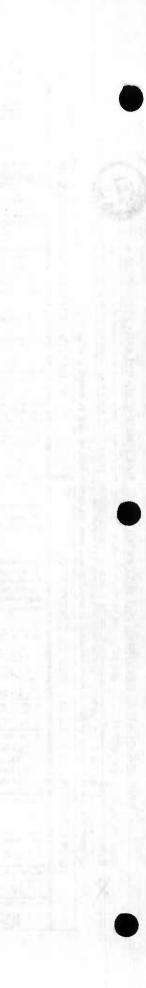
32. REGISTRATS SIGNATURE
Whia Savidson-Rondalle

policy of

al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
r the funeral director, page 5 should be detached loval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiens prior to burial, cremation, or removal.
fler death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hosp

1. DECEDENT'S NAME (FINI) MARGARE	-	MARREN	ROB	NS	ON		2. DATE O MONTH		- 9	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUME 216-12-1		5. SEX 1 M 2 X F	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0	P BIRTH		8. BIRTHPI	LACE (State or Fore
90. FACILITY NAME (If not in Dorcheste	r Gen		spital	L		on Location of Di bridge	EATH		9c. COUN	ches	ATH
MD.	10b. COUNTY Dorchester			1000	y, town on Loca Cambrid						IOd. INSIDE CITY LIMITS?
100. STREET AND NUMBER  5 Kiow						1. ZIP CODE 21613	3				AT COUNTRY?
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				It yes, sp	CENDENT OF HISPAI Healty Cuban, Maxica 3 2 X NO Specif	an, Puarto Ri		or No—	14. RACE — American Indian, Black, White, etc. Specify: White	
			.)	Give kind of le. Do NOT u	usual occupati work done during me se retired.)	ost of working		KIND OF BUSI		USTRY	
	rt No	ble War		ION MAII INC	ADDRESS (Street	18. MOTHER'S NA	Blanc	he I	Phi1	lips	
Warren G  20a. METHOD OF DISPOSIT  100 Burlel 2 □ Cremetto	Rob		20b. PLACI	5 Ki	owa Rd	. Camb	ridg	e Md	21 ATION — 0	613	n, Stata
4 Donation 5 Other  21. SIGNATURE OF FUNERA	(Specify)		1	land	22. NAME A	Cemeter ND ADDRESS OF FA	CILITY	Chomas	Fune	eral	Home
immediate cause (Fir disease or condition resulting in desth)  Sequentially liet condit if any, leading to immediates. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in death) LAS	lona, diata NG ry	DUE TO	ARDIAC	Myo  EQUENCE O	n: Corona EQU n:	Infarcti		sease			Interval Bet Onset and I Duck
PART II. Other algorifica BREAST CHENIC DIAGETE	CP	ne contributing to	WIT		BONE		>1>1	24a. WAS AN PERFORI	MED?	6	YERE AUTOPSY FININAILABLE PRIOR TO COMPLETION OF CAUTOPSE 2 NO.
25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			26. P	LACE OF DEATH (Ch	neck only one	)		1,	
	Pending Investigation	28e. DATE OF (Month, D	INJURY	28b. TIM	IE OF 28c. IN.	IURY AT DRK?		(Specify) CRIBE HOW IN	JURY OCC	URED	
3 Suicide	Could not be determined	building,	etc. (Specify)		street, factory, office	e and place, and due	City o		ner as state	id.	ute Number,
4 Homicide  29a. CERTIFIER (Check only 1											
4 Homicide  29a. CERTIFIER (Check only 1	OF CERTIFIE	ER: On the beals of a	ichael	Moske	wicz	29c. LICENSE NU	MBER	and place, and		SIONED	and manner se sta Wonth, Day, Year)





## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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_	REGISTRAR		CE	SKIIF	ICALE	: OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MARY		RUBY			RO	LFE	2. M	DATE OF DEATH DAY ARCH 23,	199	YEAR	3. TIME OF OEATN 9:40 P M
	4. SOCIAL SECURITY NUMBER 219-32-2072	5. SEX 1  M 2  F	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7	DATE OF BIRTH (Month, Day, Year) 1-4-1906			PLACE (State or Foreign Maryland
	9s. FACILITY NAME (If not institution, give street end number)				9b. CITY.	TOWN C	R LOCATION OF E		7 1 7 0 0		INTY OF D	
DIRECTOR	PHYSICIANS MEMORIAL HOSPITAL					PLAT					ARLES	
입	10e. STATE 10b. COUNTY			10c. CIT	Y. TOWN O	B LOCAT	ION					10d. INSIDE CITY
	MD Charles				Plat							LIMITS?
FUNERAL	St. Rt. 6 Box 5	002 Wo	odhaver	n Dr	•	10f	20646	)		10g. CIT		S.A.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED					RIGIN? (Specify Yee	or No-	14. RACE	E — Americen Indian, k, White, etc.
ВҰ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 X N		If yea, specify Cuben, Mexican, Puerto Rican, atc.)  1 □ YES 2 □ MO Specify:    Specify   White							
	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON .		19b. KIND OF BUS	INESS/IN		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5	·) If	Tome	make	uring mo	st of working		Но	me		
N	17. FATHER'S NAME (First, Middle, Last)			_			40 140745710 14	A B A C	First, Middle, Meiden S			
BE C	William J. Rock						- FT- AT-110		Tippett		ck	
2	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street e	nd Number or Rural	Route	Number, City or Town	, State, Zi	p Code)	
-	Katherine Sopho	hick		-					Port To			
	20e. METHOO OF DISPOSITION  1 Substitute	ovel from State	20b. PLACE A cemetery, createry					3/	26/94 W	ation –	orf	own, State MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	M0094		AR	EHA	ART-ECH	IOI	S FUNER	RAL	HOM	E, INC.
	David C	Echols			21	1 5	St. Mar	y'	s Ave.	LaP	lata	a,MD 20646
	23. PART i. Enter the diseeses, or c shock, or heert fellure. I	omplications the	t ceused the de	eth. Do i	not enter	the mo	de of dying, au-	ch as	cardiac or respir	ratory ar	reat,	Approximata
	IMMEDIATE CAUSE (Final	(T	A			-	00	4				Onset and Death
	disease or condition resulting in deeth)	. Ulu	te pour			E	Lene					8 Krs
_		DUE TO	(OR AS A CONSEC	DUENCE O	D							yeurso.
5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):							/
S	cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
E												
AL	PART II. Other significant conditions	The second		Same of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last o			17 81		i. 24a, WAS AN / PERFORI		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL	oolite	alue	perp	ren	el V	asc	ul D	0)	1 TYES 2	NO		COMPLETION OF CAUSE DF DEATH?
												1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				-	20 PI	ACE DF DEATH (C	heak a	mbr anal			
PHYSICIAN: M	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 North	:	n 5 Residence					
H	27. MANNER OF DEATN	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	_	1. DESCRIBE HOW IN	JURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Year)	INJ	URY M		RK? 'ES 2 NO					1
	3 Suicide S Could not be determined	28e. PLACE O building,	F INJURY — At horate. (Specify)	me, farm,	rtreet, fecto	ry, offici		281	. LOCATION (Street et City or Town, State)	nd Numbe	r or Rural F	Route Number,
٣	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge de	ath occurs	ad at the tir	me dete	and place, and du	. 10.11	ne cause(e) and man		4-4	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											a) end menner ee stated.
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	101	18	100	/		29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
5	06	MA	SA	de			D-0297	5		1	3-2	4 94
	30. NAME AND ADDRESS OF PERSON WHO					c ·	101	1.7	11 6 11	-		20602
	Daniel M. Howell, 31. DATE FILED (Month, Day, Year) MAD 25 1994	11. U., Pe	SIGNATURE A	Squ	are,	Sui	te 104,	Wa	idori, M	aryl	and	20603
	MAR 25 1994	guna	Javidson-M	Marko	-							

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.O. BOX 68760,	certificate be executed with	ding physician and complet	tygiene prior to burial, crer
P.O. BOX 68760,	ath certificate be executed with	ttending physician and complet	tal Hygiene prior to burial, crer
S, P.O. BOX 68760,	death certificate be executed with	e attending physician and complet	Mental Hygiene prior to burial, crer
IDS, P.O. BOX 68760,	the death certificate be executed with	y the attending physician and complet	od Mental Hygiene prior to burial, crer
DRDS, P.O. BOX 68760,	that the death certificate be executed with	d by the attending physician and complet	n and Mental Hygiene prior to burial, crer
CORDS, P.O. BOX 68760,	es that the death certificate be executed with	igned by the attending physician and complet	ealth and Mental Hygiene prior to burial, crer
ECORDS, P.O. BOX 68760,	quires that the death certificate be executed with	n signed by the attending physician and complet	If Health and Mental Hygiene prior to burial, crei
RECORDS, P.O. BOX 68760,	v requires that the death certificate be executed with	been signed by the attending physician and complet	<ol> <li>of Health and Mental Hygiene prior to burial, crei</li> </ol>
1 NECORDS, P.O. BOX 68760,	law requires that the death certificate be executed with	ias been signed by the attending physician and complet	Dept. of Health and Mental Hygiene prior to burial, crer
TAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed with	te has been signed by the attending physician and complet	ate Dept. of Health and Mental Hygiene prior to burial, crer
/ITAL RECORDS, P.O. BOX 68760,	IN: The law requires that the death certificate be executed with	ficate has been signed by the attending physician and complet	State Dept. of Health and Mental Hygiene prior to burial, crei
- VITAL RECORDS, P.O. BOX 68760,	ICIAN: The law requires that the death certificate be executed with	ertificate has been signed by the attending physician and complet	the State Dept. of Health and Mental Hygiene prior to burial, crer
OF VITAL RECORDS, P.O. BOX 68760,	HYSICIAN. The law requires that the death certificate be executed with	is certificate has been signed by the attending physician and complet	rith the State Dept. of Health and Mental Hygiene prior to burial, crer
N OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed with	r this certificate has been signed by the attending physician and complet	h with the State Dept. of Health and Mental Hygiene prior to burial, crei
ON OF VITAL RECORDS, P.O. BOX 68760,	ING PHYSICIAN: The law requires that the death certificate be executed with	After this certificate has been signed by the attending physician and complet	leath with the State Dept. of Health and Mental Hygiene prior to burial, crer
SION OF VITAL RECORDS, P.O. BOX 68760,	ENDING PHYSICIAN: The law requires that the death certificate be executed with	R: After this certificate has been signed by the attending physician and complet	er death with the State Dept. of Health and Mental Hygiene prior to burial, crei
IISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN. The law requires that the death certificate be executed with	CTOR: After this certificate has been signed by the attending physician and complet	after death with the State Dept. of Health and Mental Hygiene prior to burial, crei
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriar-the	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DE	PARTMENT OF	<b>HEALTH AND</b>	MENTAL HYGIENE
CER	TIFICATE O	F DEATH	DEG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				YGIENE EG. NO.			
Į.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH		3. TIME OF DEATH	
	GEORGE	LEWIS	RO	OLLASON		MARCH	15. I	994 YEAR	02:50 A M	
Į.	4. SOCIAL SECURITY NUMBER	s. SEX 8. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIRTH	PLACE (State or Foreign	
1	162 16 4318  • a. FACILITY NAME (If not institution, give stree	t and number)	77 YRS.	b. CITY, TOWN O	R LOCATION OF DE	HOURS MIN. (Month, Day, Year) Country)  JAN 07 1917 PA  LOCATION OF DEATN  Sc. COUNTY OF DEATN				
DIRECTOR	SACRED HEART HOSI	PITAL		CUM	BERLAND	LEGANY				
R	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?	
	PA P	REDEORD		IMLER.	PA 16655		1 TYES 2 NO			
FÜNERAL	R.D.1. BOX	770		100.			100	10g. CITIZEN OF WHAT COUNTRY?		
NN I		2 WAS DECEDENT EVER IN I	J.S. ARMEO	13. WAS DEC	16655 ENDENT OF HISPAN	NIC ORIGIN? (So	ecify Yea or N	USA 0- 14 RACE	— American Indian	
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO ES X NO		cify Cuban, Maxica	Speci				
ED	15. DECEOENT'S EDUCAT (Specify only highest grade co.	ION 1	6a. DECEDENT'S US	UAL OCCUPATION	N	16b. KINI	OF BUSINES	JSINESS/INDUSTRY		
4		College (1-4 or 5+)	life. Do NOT use n	kind of work done during most of warking o NOT use retired.)						
4	12		ELECTRIC	IAN		RAI	LROAD			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle	, Maiden Surna	ime)		
BE		ORGE ROLLASON			IND	IA KELL	ER			
6	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, Co	ity or Town, Sta	ite, Zip Code)		
	STANLEY B. ROLLASON 200. METNOD OF DISPOSITION	Tana a			IMLER, PA					
	1 Burisi 2 Cremation 3 X Ramova 4 Donation 5 Other (Specify)	il from State cemet	LACE AND DATE OF I	DISPOSITION (Ne.	me of	0ATE		ON — City or To	wn, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		1 - IMPRIL 3 (		D ADDRESS OF FA	3/17   CILITY	IMLER,	PA		
	Doma 7	1000	11.	Sca	arpelli	Fune	ral H	ome		
	23. PART I. Enter the diseases, or con	RICOM	M	Cur	berlan	d, MD	2150	2		
	ahock, or heert feilure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	only one cause on eac	1804 A	The	or dying, add	iii aa Cardiac	or reapmator	ry arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST									
AL C	PART II. Other algolficant conditions of	entributing to deeth but	not resulting in	the underlying	ceuse given in	Part I. 24a.	WAS AN AUTO		WERE AUTOPSY FINDINGS	
2	UNTRICULAR JAC	HICARBA !	Hopert	inson	)		PERFORMED:		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED	(ALDOMODETA		01			_   ' -	169 2 1		OF DEATH?  1 YES 2 NO	
Z										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	I CORUTAL			ACE OF DEATH (Ch	eck only one)				
VSI.	1 TES NO	OSPITAL:	lent 3 DOA 4	THER:  Nursing Nome	5 🗆 Raeldenca	6 Other (Spe	ecity)			
BY PHYSICIAN: MEDIC	27. MANNER OF DEATN  1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	JRY AT RK? ES 2 NO	28d. OEŞCRIB	E HOW INJUR	Y OCCURED		
	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Nomicide 6 Could not be determined 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 1 Nomicide 2 Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomicial Nomi						loute Number,			
COMPLETED	29e. CERTIFIER (Check only	IN: To the best ot my knowled	ige, death occurred a	at the time, date	and place, and due	to the cause(s)	and manner a	es stated.		
OM	one) 2 MEDICAL EXAMINER:	On the basis of exemination a	ind/or investigation, i	In my opinion, d	eath occured at the	time, data and	place, and due	to the ceuse(a	) and menner sa stated.	
BE C	296. SIGNATURE AND TITLE OF CONTIFIEN	110			29c. LICENSE NUI	MBER	29d	I. DATE SIGNED	(Month, Day, Year)	
TO B	MORET	WAST			D318	75		3/15	194	
-	30. NAME AND ADDRESS OF PERSON WHO								1	
	DR. ROBERT WELLK,			VE, CUM	BERLAND,	MD 21.	502			
J	31. DATE FILEO (Month, Day, Year) MAR 1 7 1994	32. MGISTRAR'S SIGNAT	- Poulet							
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Jours after death. Page 6 may be retained by the t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained to the funeral director, page 5 should be detained to the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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(Check only one)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JULIA E. STIEGLER MARCH 22 1994 10:05 AM 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 - M 2 F MONTHS DAVE HOURS 356-12-5867 MAY 19,1906 POLAND 9a. FACILITY NAME (If not institution, give street and number) HOME 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH KENSINGTON GARDENS NURSING DIRECTOR KENSINGTON MONTGOMERY RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. MONTGOMERY SILVER SPRING YES 2 | NO FUNERAL 104. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY! burial-transit 601 SLIGO AVE. #211 20910 U.S.A nospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES COMPLETED BY 3 Widowed 4 Divorced ched for use as the WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY ost of working ery (0-12) College (1-4 or 5 +) 8 HAIR DRESSER HAIR SALON 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at SIMON WIECZOREK BE ELEONORE KOZLOWSKI 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELEANOR WINTERCORN CHERBOURG DR., POTOMAC. MD. 20854 pe 20a METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION -- City or Town, State must DATE OF HEAVEN CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) SILVER SPRING, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY SILVER SPRING, MD. M00091 W. W. CHAMBERS CO. INC. 20910 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on sech line. Interval Batwean IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition_ event, resulting in death) other traumatic CERTIFICATION Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS 23 shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 _ YES 2 _ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) or item OTHER: 1 - YES 2 - NO 1 Inpetient 2 ER/Outpetient 3 DOA 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 99 ETED. 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 28 item ?

JOHN MERENDINO M.D. 4701 RANDOLPH RD.#216, ROCKVILLE. 32 REGISTRAR'S SIGNATURE Julia Davidson Randall 1994

THE ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1 SecritifyINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and

29c. LICENSE NUMBER

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ely filled in by the funeral director, page 5 should be detached for use as the burial-transit nation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit has been signed by the attendand Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	JOSEPHA. 5N	SNIECKUS			DATE OF DEATH MONTH MARCH 17 94 3. TIME OF DEATH VEAR PM				
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs, last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou			
	287⇔26⇔9594 ¹  ®a. FACILITY NAME (If not institution, give street and number)	97 YRS.	9b. CITY, TOWN	OR LOCATION OF DEAT	JAN.31,	9c. COUNTY OF			
	FOX CHASE NURSING HOME SILVER			LVER SPR	PRING MONTGOMERY				
	MD. MONTGOMER	GOMERY BETHESDA			10d. INSIDE CITY LIMITS?  1 VES 2 NO				
	10e. STREET AND NUMBER	ET AND NUMBER				10g. CITIZEN OF	WHAT COUNTRY?		
	7605 CARTERET RD.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMEO			20817			U.S.A.		
	MARITAL STATUS   12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify You'll yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:			s or No— 14. RACE — American Indian, Black, White, atc.  Specify: WHITE			
	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	(Give kind of v	USUAL OCCUPATION	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY			
	Elementary/Secondary (0-12) College (1-4 o	FORE	74.0372		FC	ORESTRY	-		
	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Last)								
BE	JOSEPH SNIECKUS MARIJA								
5	190. INFORMANT'S NAME (Type/Print)  MARY R. AIDIS	7605	19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7605 CARTERET RD., BETHESDA, MD. 20817						
	20a. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donetion 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cametery, crematory or other place) CHAMBERS CREMATION 3/19  RIVERDALE, MD.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  SILVER SPRING, MD.								
. 77	W.W. Chanle		BERS CO.INC. 20910						
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated empty).  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
CERTI	that initiated events resulting in death) LAST  d  d								
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  COUNTRY VAN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  MOSPITAL  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  AND STATE  A								
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ВУ РН		OF INJURY n, Day, Year) 28b. TiM INJ				28d. OEŞCRIBE HOW INJURY OCCUREO			
	3 Sulcide 28e. PLAC				81. LOCATION (Street a City or Town, State)	ATION (Street and Number or Rural Route Number, or Town, State)			
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my termineton, destined at the time, dete end place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the page of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated.								
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CER								
	MYNON L. KENKIN COMPLETED CAUSE OF DEATH (FTEM 27) (Syon, Print) 2309 SHORES 1520 190								
	31. DATE FILED (MONTH, Day, Year) MAR 2 1 1994 Julia	400 4 1 4 0 1 71 71 71 71 71 71 71 71 71 71 71 71 7							

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BALTIMORE, MARYLAND 21215-0020	Sours after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit pation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit por filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGI							
	1. DECEDENT'S NAME (First, Middle, Last) HAROLD PHILL	IP SCHEI	[NKOPF			2. DATE OF DEATH	DAY	YEAR 994	3. TIME OF DEATH 11:48 AM				
	4. SOCIAL SECURITY NUMBER  108-18-6839  9a. FACILITY NAME (If not institution, give s	1X M 2 □ F 68	(In yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.		1926	Nev	York				
TOR	Holy Cross Hospi				Spring Montgomery								
L DIRECTOR	Maryland Mont		Spring 1 ves 2										
RA	15111 Glade Driv	10	1	20906			109. CITIZEN OF WHAT COUNTRY? United States						
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc.) thy:	Yea or No-	14, RACI	E — American Indian, k, Whita, atc.						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) 5+	life. Do NOT us	vork done during reperied.) Dii									
	17. FATHER'S NAME (First, Middle, Last)  Karl	- Schoipkoph	- Scheir	okonf	Minnie	AME (First, Middle, Mai	den Sumame) Epste	ein					
BE (	19a, INFORMANT'S NAME (Type/Print)	3CHCX-IROPH-				Route Number, City or							
5	Doris Scheinkopt	f (Wife)		as #10			ly or lown, State, 2Ip Code)						
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		Beth Davi				LOCATION — Elmont						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	M00827	Rapp		Services, Silver S		MD	20910				
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respirat	ory fa	live.	ode of dying, au	ch as cardiac or re	apiratory a	rreat,	Approximata Interval Between Onset and Death 3 day 5				
CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	*	Carcino		vary left o	axilla	)	1 year				
PHYSICIAN: MEDICAL CE	PART II. Other algoliticant condition	a contributing to death b	out not resulting I	in the underlyi	ng cause given le	PER	AN AUTOPSY FORMED? 3 2 NO	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)							
YSIC	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing Ho	me 5 - Residence	6 Other (Specify)							
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	IJURY AT PORK? YES 2 NO	28d. DESCRIBE HO	O YRULNI W	CCURED	FI.				
ED	3 Suicide S Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, s cify)	street, factory, of	lea	281. LOCATION (Str. City or Town, St		er or Rural i	Route Number,				
COMPLET	anel	ICIAN: To the best of my know		i.					s) and manner as stated.				
TO BE C	296 SANATURE AND TITLE OF CERTIFIE	huer. an			DZH 46	IMBER 7	<b>&gt;</b>	TE SIGNES	1-94				
	BRULE A. SILVE			PARKO	, SILVER	SPRNG, N	40) 2	0902					
	31. DATE FILED (Month, Day, Year) MAR 2 1 1994	32. REGISTRAN'S SIGN							DHMH-18 Rev 1/8				



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si examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
er death. Page 6 may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hospital or attending
BALTIMORE, MARYLAND 21215-0	DIVISION OF VITAL RECORDS, P.O. BOX 68760.

STATE OF	MARYLAND .	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIEN
	C	ERTIFICATE	OF	DEAT	Ή		REG. NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	STROM	(Carl Ro	dney St	rom)	2. DATE	OF DEATH	1995	AR 3	1:00 A	м
	4. SOCIAL SECURITY NUMBER	ER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month Day Year)								ACE (State or Forei	ign
	216-44-6877  9a. FACILITY NAME (If not institution, give:	1 M 2 F	82 YRS.		PR LOCATION OF D	Apri	n, Day, Year)		ew H	ampshir	e
DIRECTOR	Suburban Hospital			Bethesda						omery	
DE L	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY			
듬	Maryland	Montgomery		Bethesda					1 VES 2		
AL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN	_	AT COUNTRY?	
FUNERAL	107 North Brook I	ano			208	1.4		Unite	A C	tatos	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED		ENDENT OF HISPA	NIC ORIGIN		or No- 14.	RACE -	American Indian,	
ВУБ	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES	NO If yes, specify Cuban, Maxican, Puerto Rican, atc.) Black, W 1 ☐ YES 2 ☐ NO Specify: Specify:						Yhite, etc.	
	A	WWII		1						White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION a completed)	(Give kind of wor	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KINO OF BUSINESS/INDUSTRY							1
2	Elementary/Secondary (0-12)	College (1-4 or 5+)									
N N	17. FATHER'S NAME (First, Middle, Last)	5+	Civil S	ervant				ernmen	t		-
		Charam			18. MOTHER'S N						- 1
BE	19a, INFORMANT'S NAME (Type/Print)	Strom	105 MARING AL	DDBECG (Durant o	A nd Number or Rural		Eliasc	_			$\rightarrow$
2	Mary L. Dewing									0.2.4	
	20e. METHOD OF DISPOSITION	201			l, Durha			ATION - City			$\dashv$
	1 Durial 2 Cremation 3 Ram 4 Donetion 5 Other (Specify)		PLACE AND DATE OF netery, crematory or othe								- 1
	4 Donetton 5 Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral										
	Michele	Kulla	M00348	Home/E	setnesda	-cnev	y Chas	e, inc			
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory street, shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final	100		A						Onset and D	
	disease Dr condition resulting in death)	Vente	ilala,	Letrell	otion					comme	0.2
		DUE TO (OR AS A	CONSEQUENCE OF								
Z	disease or condition resulting in death)  a. Ventrieular fibrillation  Due to jor as a consequence off  Sequentially list conditions,									0	
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE 10 OR AS A	CONSEQUENCE OF):	1						/	
CERTIFICATION	CAUSE (Disease or injury	E. DUE TO YOU AS A	CONSTRUCTION OF								
Ē	that initiated events resulting in death) LAST								i	- 1	
E		d									-
AL	PART II. Other significant condition			tha undarlyin	g cause givan in	Part I.	24a. WAS AN			ERE AUTOPSY FIND	
	pulme	nary emil	Poleis				1 TYES 2		C	MILABLE PRIOR TO OMPLETION OF CAL	
WE I										F DEATH?	
÷ l											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only on	10)				
Si I	1 YES 2 NO	HOSPITAL: 1√ Inpatient 2 ☐ ER/Outp		THER:	e 5 🗆 Realdenca	6 🗆 Othe	r (Specify)				
표	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME (	OF 28c. INJ	URY AT	28d. DES	SCRIBE HOW IN	JURY OCCURE	D		
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO						- 1
COMPLETED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stre	et, fectory, offic	•		ATION (Street a or Town, State)	nd Number or R	ural Rout	e Number,	
9	29e. CERTIFIER	MOLANI, To the base of the land									-
MP	one)	ER: On the beat of my know ER: On the beals of examination							unn(n) n	nd manner on etab	
8				in my opinion, o			and place, an				vu.
H	296. SIGNATURE AND TITLE OF CERTIFIE	11/2/2	60		29c. LICENSE NU			29d. DATE SIG	NED (M	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Z== 2	ring)	105	256		3/	18/	24	
	LEWIS 1	N, CAHIL	L MD	5411	WCED	WIR (	IN. D	CTHES	ery.	מל עות	64
	MAR 2 3 1994	JE REGISTIMAR'S SIGN									

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		OLITIII	ICATE	OI DEAI	• •	REG. NO				
	t. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH	
	Manly Rhodes						March 1	ð, 1	994	12:20 PM M	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER :		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign	
	566-45-2448	1 x M 2 □ F 3	4 YRS.		ATO HOURS	I N	March 31,	1959	Was	hington, D.C	
	9e. FACILITY NAME (If not institution, give a	-	9b. CITY, TO	OWN OR LOCATIO	N OF DEAT	тн		NTY OF D			
O.	1401 Blair Mill R		Silve	er Spri	ng		Mo	ntgo	mery		
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	v	10a CI	ry, town or i	OCATION			10d, INSIDE CITY			
<u> </u>		ntgomery						LIMITS?			
7	10e. STREET AND NUMBER	negomery		Silver Spring				1X YES 2 10g. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL DIRECTOR	1401 Blair Mill	Pood									
N N	11. MARITAL STATUS	IN U.S. ARMED	20910  13. WAS DECENDENT OF HISPANIC ORIG				United States				
3	1 Never Merried 2 Merried	FORCES? 1 YE	8 2 NO	If y	es, specify Cuben	n, Mexican,	Puerto Rican, etc.)	or No-		. — Americen Indian, r, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TES 2 NO Specify:					Speck R 1	η: ack	
COMPLETED	15. DECEDENT'S EDU		16e. DECEDENT'S	USUAL OCCL	JPATION		16b. KIND OF BU	SINESS/IND		dek	
H	(Specify only highest grade	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done duri ise retired.)	ng most of working	9	Private	med	ical	practice	
립		yrs College	Office	Manage	er					Placelee	
S S	17. FATHER'S NAME (First, Middle, Last)		1			ER'S NAME	E (First, Middle, Meiden	Sumame)			
BE C	Mitchell Spel	1man			B	illie	R. Rhode				
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (S	treet and Number of	or Rural Ro	ute Number, City or Tow	n, State, Zip	Code)		
ř	Sandra J. Spell	man	1401 E	lair N	4ill Roa	ad	Silve	r Sp	ring	, MD 20910	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	cumi from State	0b. PLACE AND DATE	OF DISPOSITION	ON (Name of		DATE 20c. LO	CATION -	City or To	wn, State	
	4 Donation 5 Other (Specify)		emelery, crematory or Gate of H	leaven		3/	23/94 Si	lver	Spr	ing, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE C		22. NA	ME AND ADDRES	S OF FACI	LITY				
33	Dines /	1. Mega	ure				1 Service			D.C. 20012	
	23. PART I. Enter the diseases, or	complications that caus	ed the death. Do								
	23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heert failure. List only one cause on each line.  Approximate Interval Between										
- 1	iMMEDIATE CAUSE (Final disease or condition	Metastatic	Adenoca	rainam	a of Po	mal (	C-11	. D		Onset and Death	
	resulting in death) - a. Hetastatic Adenocarcinoma of Renai Collecting Duct Origin										
					- 01 110			5 540	C OI	16111	
_			A CONSEQUENCE (		- OZ 110			5 Dae	01	16111	
NOI	Sequentially list conditions,	DUE TO (OR AS		PF):				5 540		15111	
CATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE (	PF):				5 040			
IFICATION	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE (	PF): PF):				5 040			
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE (	PF): PF):				5 240			
- CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	PF):							
	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that Initiated events	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	PF):			art I. 24a. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	PF):			art I. 24a. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	PF):			art I. 24a. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
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MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONS	OTHER:	rlying ceuse gl	Iven In Pa	art I. 24a. WAS AN PERFOR 1  YES 2	AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined 4 Homicide datermined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONS	OTHER:  In the unde  OTHER: A   Nursing AE OF JURY M    street, factory  red at the time on, in my opin	rlying ceuse gi	EATH (Checi sidence 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	art I. 24a. WAS AN PERFORM  1 YES 2    Nother (Specify)	AUTOPSY IMED?  X NO  NJURY Occurred Number  and Number as stated due to the	CURED  or Rural R  ed.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,	

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	02 01	CE		ICATE OF			REG. NO	_		
1. DECEDENT'S NAME (First, Middle		<del>-</del>			DEMI		2. DATE OF DEATH	AY O	YEAR	3. TIME OF DEATH
tannie	<u> Din</u>	ger					03	20	94	OliISA
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last I	birthday)	IF UNDER 1 YEAR	IF UNDER 24		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	NPLACE (State or Foreign
186-28-3258	1 M 2 XF	84	YRS.	MONTHS DAYS	HOURS	MIN.		1909	Count	msylvania
9a. FACILITY NAME (If not institutio	n, give street and number)			9b. CITY, TOWN	OR LOCATION				INTY OF D	
	Suburban Hospital Bethesda Montgomery								omery	
10a. STATE 10b.					TION					10d. INSIDE CITY
Maryland	Montgomery	- 64		Pos	kvill	_		LIMITS?		
10a, STREET AND NUMBER					е	10a CITIZEI			1 X YES 2 NO	
10a. STREET AND NUMBER  17 Blueberr  11. Marital Status	rt		10	101. ZIP CODE 20854				United State		
11. MARITAL STATUS				13. WAS DEC	ENDENT OF	NISPANIC				E — American Indian,
1 Never Married 2 Marrie 3 X Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 X				ecify Cuben, 2 🖾 NO	Puerlo Rican, etc.)	Black, White, atc. Specify: White			
15. DECEDEN (Specify only highe Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, L Harry Go:	15. DECEDENT'S EDUCATION 16e. D				ECEDENT'S USUAL OCCUPATION 166.					*****
(Specify only highe	(Specify only highest grade completed)				ecebent's usual occuration Give kind of work done during most of working e. Do NOT use retired.)				DOSTAT	
Elementary/Secondary (0-12)	College (1-4 or 5	*) S	ecre	etary			State	Gov	ernme	ent
17. FATHER'S NAME (First, Middle, L	act)				40 1407115	010 1111	45.00			
					16. MOTNE		E (First, Middle, Maiden	,		
Harry Go		т-					nie Sherm			
19a. INFORMANT'S NAME (Type/Pri							ute Number, City or Tow			
Marilyn Goldma	ın	17	Blu	leberry	Ridge	Cou	rt, Rockv	ille	, MD	20854
20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Beth El Cemetery  3/22/94  Paxtang, Pennsylvania										
21. SIGNATURE OF FUNERAL SER		_   Decil E	<u> </u>	22. NAME A						y = vanita
Raud	tanh	моо	198	Rober	t A. I	ump la-C	hrey Fune: hevy Chase	ral I	Home/	
23. PART I. Enter the disease	s. or complications the			1001	AT 2 COT	12711	AVE. BELLIE	2501	. IVI I )	20814-3501
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart feiture. List Dniy one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  S										
Sequentisily list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSEQU		F):	dre	2	Misein			
PART II. Other significent co	iditions contributing to	death but not res	sulting	in the underlyin	g ceuse giv	ren in Pa	PERFOR	MED?	24b	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO
							_			
25. WAS CASE REFERRED TO MED	CAL			26. P	ACE OF DEA	TH /Chec	k only one)			
EXAMINER?	HOSPITAL:	ER/Oulpatient 3	7004	OTHER:						
27. MANNER OF DEATN	28a. DATE OF		28b. TIM				Other (Specify)			
Natural 5 Pendir	g (Month, I	Day, Year)		JURY WO	URY AT PRK? YES 2 . I		28d. DEŞCRIBE HOW II	NJURY OC	CURED	
3 Suicide 6 Could 4 Nomicide determ	26a. PLACE (	OF INJURY — Al home, etc. (Specify)	e, farm,	street, factory, offic	•	1	281. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural F	Route Number,
29a, CERTIFIER			_							
(Check only CERTIFYING	PNYSICIAN: To the best o									
2 MEDICAL E	KAMINER: On the besis of a	examination end/or im	vestigation	on, in my opinion, o	eath occured	at the H	me, data and place, an	d due to t	he cause(a	) end menner as stated.
29b. SIGNATURE AND TITLE OF	RTIFLER	140	_		29c. LICENS			29d, DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERS	, /	SE OF DEATH (ITEM	27) (Type	, Print)	10 2		RV 1	3.+	4 . 1	1902081
31. DATE FILED (Morth, Day, Iber),	ha/man 32/AEGISTA		0/		70/0	M	V V	1411	lesc/	× 1/10 € 01/1
MAR 9 3 10	144 Gulas	AR'S, SIGNATURE	delle							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dect. of Health and Memtal Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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RANCIS ( /// 31. DATE FILED (MORITI, Day, Year) MAR 2 2 1994

39. REGISTRAR'S SIGNATURE June Daydoon-Rondall

_	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR ERTIF	TMEN	T OF H	HEALTH AND	MEN	TAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)	, ,				1			ATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	FRED ALLEN							IAR.		94	1447	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last	t birthday)		R 1 YEAR	IF UNDER 24 HRS.	7. D/	TE OF BIRTH onth, Day, Year)		a. BIRTHE	LACE (State or Foreign
		1 🔀 M 2 🗆 F	29	YRS.	MONTHS	DAYS	HOURS MIN.	0c	t. 10,	1964	New	Jersey
	9e. FACILITY HAME (If not institution, give stre			9b. CITY, TOWN OR LOCATION OF DEATH								
DIRECTOR	Shady Grove Adventist Hospital Rockville							Montgomery				
5	RESIDENCE OF DECEDENT											
12				100	Y, TOWN		TION					10d. IHSIDE CITY
	Maryland Montgo	mery		Ger	mant	own						1 TYES 2 HO
FUNERAL	10e. STREET AND HUMBER					101	f. ZIP CODE					HAT COUNTRY?
真	13604 Anndyke Plac	e				2	20874			U.S	.A.	
5		12. WAS DECEDENT EVER FORCES? 1 YES			13.	WAS DEC	ENDEHT OF HISPA	AHIC OR	GIN? (Specify Yes	or No-	14. RACE	- American Indian, White, atc.
BY	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		V		1 YES	ecity Cuban, Mexic	an, Puer Hy	to Rican, etc.)		Specify	
										-	,	White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	(Gh	CEDENT'S	work done	durina mo	DN ost of working		16b. KIND OF BU	SINESS/IND	USTRY	
٣	Elementary/Secondary (0-12)	College (1-4 or 5 +)	1	Do NOT us				- 1	_	J		
2		2	Car	pet	Clea	ner					ning	Company
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N					
BE	Fred Allen Stevens	on, Sr.						-	ann Dunr			
2	19a, INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street a	and Number or Rural	Route N	umber, City or Tow	n, State, Zip	Code)	
-	Fred E. Stevenson, Sr. 13604 Anndyke Place, Germantown, MD 20874											
	20e_METHOO OF DISPOSITION 1	rel from State	b. PLACE A	HD DATE (	OF DISPOS	SITIOH (Na	tery	1 -		cation -		
	21. SIGNATURE OF FUNERAL SERVICE COM		HILLE	Onal			D ADDRESS OF F		23   110	by, FI	TCHIE	an
		)()			De	Vol	Funera	1 Ho	me			
	7,6.0				10	E.	Deer Par	rk I	r., Gai	ther	sburg	, MD 2087
	23. PART I. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final	mplications that cause at only one cause on	ed the dea each line.	rth, Do r	not enter	tha mo	de of dying, au	ch aa c	ardiac or respi	ratory arr	eat,	Approximata interval Between Onset and Deatl
	disease or condition resulting in death)	ASPHY DUE TO (OR AS	XIA	-	-	HI	INGIN	16	,			ACUTE
Z	Sequentially list conditions, b.	DEFR										INDEF
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS	A CONSEC	UENCE OF	7):							
RTIF	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQU	UENCE OF	7:							
2												
MEDICAL	PART II. Other algnificant conditions	contributing to death	but not re	sulting (	n the un	nderiying	g cause given in	Part I.	24a. WAS AN PERFOR	MED?	/ /	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
									1 TYES 2	ELNO		OF DEATH?
									1		1 1	YES 2 HO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL											
힐	EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C)	heck only	one)			
ΙŁ		□ Inpetient 2 图 ER/Ou	tpstient 3		Y	sing Home	e 5 🗆 Residence	6 🗆 0	ther (Specify)			
РНУ	27. MANNER OF OEATH  1 Netural 5 Pending	(Month, Day, Year)		28b, TIMI INJ	URY	28c. INJt WO	URY AT	28d. [	ESCRIBE HOW I	NJURY OCC	URED	
BY	2 Aceitent Investigation	3/9	94	1	M	1 🗌 Y	ES 2 NO	HA	NGIN6	AT	H	OME
9	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spo	eciful .	1		ory, office		281. L	OCATION (Street a	and Number	or Rural Roo	ite Number,
			/7	tom	E				,	1+	10	
7	29a, CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my kno	wiedge, desi	th occurre	d at the II	lme, deta	and place, and due	e to the	nam bns (s)esus	ner as state	rd.	
COMPLET	one) 2 MEDICAL EXAMINER:	On the basis of examination	on and/or in	vestigation	n, In my o	pinion, de	eath occured at the	Ilme, de	nte and place, an	d due to the	cause(a)	and manner as stated
	296. SIGNATURE AND TITLE OF CERTIFIER	-01	-	_	3200	. 1						
₽ E	F (	20111	.//	/1	1	5	29c. LICENSE NUI		/	29d, DATE	SIGNED (A	Month, Day, Year)
0	Muca	cary	w		7	- 1	DOT	09	4	5	-19	-47

BETHESDAMD 20817 1106

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transit permoval.	cal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permobe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

_	nedioman		OL	-11111	CALE	'I DEA	111	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEAT			3. TIME OF DEATH
	Lois Lourene	Simmons						03/21	/1994	YEAR	9:20 a. M
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. lesi	t birthday)	IF UNDER 1 YE	AR IF LINDE	R 24 HRS.	7. DATE OF BIRT		e BIOTHO	PLACE (State or Foreign
Li	212 16 7605	1 M 2 F		YRS.	MONTHS DA		MIN.	(Month Day Ye	art	Country)	)
	212-16-7695	43	86	rna.				04/08/		_	ryland
	Mallard Bay Nu Rehabilitation	rsing an	d		9b. CITY, TOV	VN OR LOCAT	ION OF DE	ATH	9c. CO	UNTY OF DE	ATH
5	Rehabilitation	Center			Ca	mbrid	dae			Dorch	nester
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
ā	Maryland Dor	chester			Fishing Creek					1 YES 2 X NO	
4	10a, STREET AND NUMBER					10f. ZIP COD			10g. CI	TIZEN OF WI	HAT COUNTRY?
FUNERAL	General Delive	NAT 7				21	L634				
Z	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN U.S. AD	MED	T 40 1110					U.S.	
립	1 Never Married 2 Married	FORCES? 1	YES 2 YN	Ю	If yes	, specify Cubi	nn, Mexicar	IC ORIGIN? (Speci n, Puerto Rican, etc	L)	14. RACE - Black,	American Indian,     White, etc.
E I	3 Widowed 4 Notvorced	IF YES, GIVE WA	R OR DATES		1 🗆	YES 2 ANO	Specify			Specify	_
											Nhite
	15. DECEDENT'S EDU (Specify only highest grad		(G/	ive kind of s	USUAL OCCUP	ATION most of world	ing	16b. KIND O	F BUSINESS/IN	DUSTRY	
<b>  "  </b>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mo.	Do NOT us	e retired.)						
4	12			Teac	her			Edu	catio	on	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAI	WE (First, Middle, M			
ш	Allie G. Simm	ons				l E	Buni	e M. Me	ekins	3	
0	19a, INFORMANT'S NAME (Type/Print)		198	. MAILING	ADORESS (Str	set and Numba	r or Burni B	loute Number, City of	Town State 2	In Codel	07.504
2	Irma Lee Ruark		2	640	Hoone	re T	elar	A PA	Figh	ing (	21634 Creek, MD.
			1		-		SIGI				
	20g, METHOD OF DISPOSITION 1 KBurlel 2 Cremetion 3 Ren	noval from State	cemetery, cres	metory or o	OF DISPOSITION				c. LOCATION -		
	4 Donation 6 Other (Specify)		Hosie	rMe	n.U.M	Chur	chCe	m3-24	Fishi	ng Ci	reek, MD.
1 2	21. SIGNATURE OF FUNERAL SERVICE LI	//				E AND ADDRE					
	DENEDON A TOXX	4011 /23	emus	110							ne, P.A.
	August 1 wil	100		_	<u>- 1308</u>	High	St	. Camb	oridge	MD_	21613
	23. PAAT I Enter the discess, or shock, or heart failure.	Complications that	ceused the de e on each line	ath. Do r	not enter the	mode of dy	ring, such	as cardiac or	respiratory a	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finei		0.1. 0.0011 11110.								Onset and Death
	disease or condition	Thromb	o auto		_						5 yrs.
	resulting in death)	a. Thromb	OR AS A CONSED	DELL'E	. <b>d.</b> Fi:						5 yrs.
_		_									
CERTIFICATION	Sequentially list conditions,	HX of	OR AS A CONSEC			TOU					5 yrs.
F	If any, leading to immediate cause. Enter UNDERLYING				,						i _
일	CAUSE (Disease or injury	Corona	ry Ar	tery	Dise	ase					5 yrs.
Ē	that initiated events resulting in death) LAST				•						
65		Senile	e Demei	ntia							5 yrs.
	PART II. Other significant condition	ns contributing to d	eath but not r	esulting	in the under	vina causa	aluma in I	Doort I no um	S AN AUTOPSY		WERE AUTOPSY FINDINGS
EDICAL			outil out not it	ooditiing i	in the under	ymy cause	Airen ili i	PE	RECORMED?	7	MAILABLE PRIOR TO
ă								1 🗆 YI	ES 2 X NO		COMPLETION OF CAUSE OF DEATH?
ME								- 1			1 - YES 2 - NO
								_			_
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				21	L PLACE OF D	DEATH (CA-	ck palv are)		`	
S	EXAMINER?	HOSPITAL:			OTHER:						
≥		1   Inpatient 2					esidence (	6 Other (Specify			
РНУ	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day)		28b. TiM INJ	E OF 28c. URY	INJURY AT WORK?		28d. DESCRIBE H	OW INJURY O	CCURED	
B	1 Netural 5 Pending 2 Accident Investigation	4			- M 1	YES 2	NO				
	3 Suicide 6 Could not be	28a. PLACE OF	INJURY — At hor	me, ferm, i	street, factory,	office		281. LOCATION (S	treet and Numb	er or Rural Ro	oute Number,
9	4 Homicide determined	building, et	ic. (Specify)				i	City or Town,	State)		
Ш	29a. CERTIFIER										
d l	(Check only	ICIAN: To the best of m									
COMPLET	2 MEDICAL EXAMINI	ER: On the basis of exa	mination and/or is	nveatigatio	n, in my opinio	n, death occu	red at the t	time, data and plac	e, and due to	the cause(a)	and manner as stated.
U U	29b. SIGNATURE AND TITLE OF CERTIFIE	R //				29c. LIC	ENSE NUM	BER	29d. DA	TE SIGNED //	Month, Dev. Year)
00	lucker O Co.	Masto.				7	PACIFICATION OF	609	1 2	1	94
2	30. NAME AND ADDRESS OF PERSON WI	ID COMPLETED CAUCE	DE DEATH OTTO	127.07-	Print)	9	10	001	62	11	• [
					,						
	Dr. Michael A.	Moskewi	cz, 50	)3 B	yrn S	t., C	ambi	ridge,	MD.	2161	3
	31. DATE FILED (Month, Day, Year)	Je REGISTRAR	S SIGNATURE	1.00	76						
	MAR 23 94	June viere	May A-May 10	And a							- 1

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1	•	FOR STATE REGISTRAR
1		

1 - STATE REGISTRAR		SIAIE UP I	MARTLAND C	ERTIF	ICATE					G. NO.	t		
1. DECEDENT'S NAME (First									2. DATE OF D				3. TIME OF DEATN
AMELIA	SC	HERE							MONTH 3	17	9	4 FEAR	12:40 PM
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. in	st birthday)	IF UNDER		IF UNDER		7. DATE OF BI	RTH		8. BIRTI	HPLACE (State or Foreign
579-09-15	12	1 □ M 2 □X	98	YRS.	MONTHS	DAYS	HOURS	MIN.	Septem	ber	20,	895	"New York
9a. FACILITY NAME (If not in	stitution, give str	eet and number)	211		9b. CITY,	TOWN O	R LOCATI	ON OF D	EATH		9c. CO	UNTY OF E	DEATH
Hebrew Ho	me of	Greater	washing.	ton	R	ocku	ille	2			M	ontgo	omery
RESIDENCE OF DEC	10b. COUNTY			I soc CIT	Y, TOWN O	B LOCAT	ION.						Last mains arm
Maryland	Montgomery				Rockv								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	MONL	gomery			CO CIEV.	-	ZIP CDD	E			X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?		
6121 Montrose Road						20852 USA					MAI COUNTRY!		
11. MARITAL STATUS		12. WAS DECEDEN			13. V	VAS DECI	ENDENT C	OF HISPA	NIC ORIGIN? (Spe	cify Yes	or No —	14. RAC	E — American Indian, k, Whita, etc.
1. Never Married 2 . 3 Widowed 4 Divo	Married	IF YES, GIVE V		NO			ND	Specif	in, Puerto Rican, y:	etc.)		Spec	
	EDENT'S EDUC		16a, Di	ECEDENT'S	USUAL OC	CUPATIO	N of constitu		166, KIND	OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 6	- 10	Do NOT u	work done d se retired.)	unny mos	it of world	rg					
12				Hou	usewi	6e				Own	Hom	e	
17. FATHER'S NAME (First, M	liddle, Last)						18. MOT		ME (First, Middle,	Maiden .			
( Unkn		Beck							known )			Unkno	own )
Claire A.		0	19						Route Number, Cit e Scot				ona 85250
20a. METHOD OF DISPOSIT	ION		20b.PLACE						A 7 A 7			- City or To	
1 Buriel 2 Commatte 4 Donation 5 Other	(Specify)	val from State	Ral 11	ematory or o	ther place)	into	in C	roma.	toru		laur	08 1	Maryland
21. SIGNATURE OF FUNERA	L SERVICE LICE	ENSEE	150000	1110.00	22. N	AME AN	D ADDRE	SS OF FA	CILITY ,			0 1	Home, Inc.
Dona!	ed C	Ato	Henry	us	$\int_{2}^{S}$	terr	anni	rew	Memore	al i	tune	ral 1	gton, D.C.
23. PART I. Enter the di	Iseases, or co	omplications the	t caused the	eath. Do i	not enter	the mod	ie of dy	ing, suc	h aa cardiac o	r reapl	ratory a	rrest,	Approximata
ahock, or he IMMEDIATE CAUSE (Fir	eart fallure. L	lat only one cau	ise on aach lin	0.									Onast and Death
disease or condition		ARTE	PINSO	100	DILC	1	FR	ERP	NIASCH	,40	77	CEL	- 75 YEAR
readiting in death)		DUE TO	(DR AS A CONSE	OUENCE O	F):				000,000	-1//		JCH.	2 2 14119
	_ b												
Sequentially list conditi if any, leading to imme-	diate	DUE TO	(OR AS A CONSE	DUENCE O	f):								
cause. Enter UNDERLY! CAUSE (Disease or Inju													
that initiated events resulting in death) LAS		DUE 10	(OR AS A CONSE	OUENCE O	F):								
	d.												
PART II. Other algnifica	nt conditions	contributing to	death but not	reaulting	in the und	derlying	cause	given in	Part I. 24a.		AUTOPSY	246	. WERE AUTOPSY FINDINGS
ASHD	ATI	RIAL	FIB	RILL	AT	181	1			PERFOR	-		AMILABLE PRIOR TO COMPLETION OF CAUSE
										-	~		OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	110001711					ACE DF D	EATN (Ch	eck only one)				
1 TES 2 TNO		HOSPITAL:	ER/Outpatient	DOA	OTHER		5 🗆 Ra	sidenca	6 Other (Spec	cify)			
27. MANNER OF DEATN	- 12	28a. DATE OF (Month, D		26b. TIM	IE OF JURY	28c. INJU	JRY AT		28d. DEŞCRIBE	NOW I	NJURY O	CCURED	F
	Pending Investigation				М		ES 2	] NO					
3 Suicide 6 Could not be 4 Nomicide 6 Could not be detarmined 6 Roman Street (Specify) 28e. PLACE OF INJURY — All home, farm, street, factory, office 28e. LOCATION (Street and Number or Rural Re City or Town, State)							Route Number,						
	oodanniined												
	IFYINO PHYSIC	IAN: To the best of	my knowledge, d	eath occurr	ed at the tir	no, data	and place	, and due	to the cause(a)	and man	ner as st	ated.	
one) 2 MEDI	CAL EXAMINER	On the basis of a	xamination and/or	Investigation	on, in my op	olnion, de	ath occur	red at the	Hime, data and p	lace, and	d dua to t	the cause(i	s) and manner sa stated.
296. SIGNATUME AND PITE	OF CENTIFIER	7					29c. LICI	ENSE NUI	MBER	_ [	29d. DA	TE SIGNED	(Month, Day, Year)
/se	nen	120	roon	- K	10		17	05	885		<b>&gt;</b> 3	3/17	194
STEVEN	PERSON WHO	PSON	SE OF DEATH (ITE			p	101	ITE	POSE	R	D, A	eaci	KVILLE
31. DATE FILED (Month, Day, APR 0	4 1994	Jalia 1	HUELSON	200									5

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within without hearth feath. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4-CA 52 89 BY E-

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	han.	thed for use as the burial-transit permit. Pages 1	
4D 21215-0020	ospital or attending physician	burial	
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5	tten	88 as	
12	0.7 a	L US	
2	ital	Q	
4	Sc	9	-4

			FOR STATE REGISTRAR	STATE OF MARYL				EALTH AND DEATH	MENTAL HYGIEN			
			1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH		3. TIME OF DEATH	
		3	JANEAN  4. SOCIAL SECURITY NUMBER	ANNE 5. SEX 6. AGE	'In yrs, last birt	SMIT	MDER 1 YEAR	IF UNDER 24 HRS.	FEB 2	7 19	94 8:45 A M BIRTHPLACE (State or Foreign	
1			217 46 8830	1 □ M 2 및 F 36		YRS. MON	7	HOURS MIN.	(Month, Day, Year)		Country)	
-	Z		9e. FACILITY NAME (If not institution, give s	freet and number)		9b.	CITY, TOWN	OR LOCATION OF D	3-16-57 EATH	9c. COUNTY	of DEATH	
		СТОВ	3617 27th.	STREET			CHESA	PEAKE E	BEACH	CALV	ERT	
	t. Pages	DIRE	MD 106. COUNT Cal	vert	10		wn or Local	Beach			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO	
	it permit.	RAL	10. STREET AND NUMBER 3617 27th Street				101	20732			OF WHAT COUNTRY?	
_	physician. burial-transit	UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER I	V U.S. ARMED	,	13 WAS DEC		NIC ORIGIN? (Specify Ye		USA  14. RACE — American Indian,	
5-0020	the the	BY F	1 🔀 Never Merried 2 🗌 Merried 3 🗍 Widowed 4 🗍 Divorced	FORCES? 1 YES	2 NO		If yes, sp		en, Puerlo Ricen, etc.)	i i i	Black, White, etc.  Specify: White	
21	attend se as	E C	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			AL OCCUPATION		16b. KIND OF BU	SINESS/INDUS	TRY	
21	the hospital or att detached for use once.	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use reti	red.)			_		
MARYLAND	the hospital detached to once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Res	taura	nt wor	,	ME (First, Middle, Maiden	Restau	ırant	
/LA	> 0 #	_	Charles Leland	Smith				Nelle	Elizabeth			
AR	s retained b	BE	19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADD	RESS (Street a		Route Number, City or Tox			
Σ	pe 5 s	2	Nelle E. Smith				10 ak					
IORE	e 6 may be ector, page must be		20e. METHOD OF DISPOSITION  1X Burlet 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	oval from State 20t	PLACE AND Refery, cremeto	DATE OF DI	POSITION (Na lace) M. Gar	dens 3		nkirk (	The second second	
22. NAME AND ADDRESS							3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					
BAL	after death.  y the funera  moval.  Ical examir		M. Illafeel	Physical			Rauso	ch Funera	al Home, O	wings,	MD 20736	
68760,	within - hours pletely filled in t cremation, or re- rent, the medi		23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, pr heart fellure. List pnly pne cause pn each line.  IMMEDIATE CAUSE (Finel diseases pr condition resulting in death)  Substituting in death)  CHEST INJURIES WITH COMPLICATIONS  Due to (or as a conscouence of):									
, P.O. BOX 687	h certificate be execute and or Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
	t the d by the nd Mer	AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINE									
RECO	requires the been signed of Health shows ar	V: MEDIC						, ¿	— XXxes :	2 NO	COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO	
	- H H -	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 → YES 2 □ NO	HOSPITAL:	etlent 3 🗆 I		HER:	ACE OF DEATH (Ch	8 Other (Specify)			
OF \	PHYSICIAN: this certifica with the St riked, or I	РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY		b. TIME OF	28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED SUBJECT INVOLVED	
N	ing PHYS ifter this c eath with marked	BY P	1 Natural 5 Pending 2 X Accident Investigation	(Month, Day, Year)	8 U	NKNOMV		PRK? YES 2 NO	motor ve	ehicle	accident	
DIVISION	OR ATTENDING DIRECTOR: After nours after death tem 28 is man	8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	ary)	-	, factory, offic	•	28f. LOCATION (Street City or Town, State	end Number or I	Rural Route Number,	
$\leq$	DIRECT HOURS &		29e. CERTIFIER			oad			Rt. 231		nce Fred.MD	
	TO THE HOSPITAL TO THE FUNERAL ID BE filed within 72 h	COMPLE	(Check only	CIAN: To the best of my know R: On the besis of examination							ouse(s) and manner as stated.	
	THE H THE FI filed W	BE	296. SIGNATURE AND TITLE OF CERTIFIED	1				29c. LICENSE NUI			GNED (Month, Day, Year)	
	5 5 3 X	0	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF THE	ATH (ITEM C	) /Smr (**)		O.C.M	.E.	P FE	3.27,1994	
1	0		Theodore King	M.D.	111 P	enn		et, Bal	timore,	Maryl	and 21201	
	Ĭ		Theodore King M.D. 111 Penn Street, Baltimore, Maryland 21201  31. DATE FILED (Month, Dev. Weer)  MAR 18, 1994 Juna Jandson-Wandalle									

- Manne	5-0020	nding physician,	is the burial-transit permit. Page 11 2 12 mount	)
	BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Page	oval.  al examiner must be notified at once

FOR STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) Arthur Herma	rn Sch	reiber	2. DATE OF DEATH MONTH MANCH	a 19994	3. TIME OF DEATH 45			
		(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		IPLACE (State or Foreign			
1		86 YAS.		March 30,1					
	9n. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF D	EATH			
DIRECTOR	Hayers Memorial H	-cspital	Houre de Gr	race, Md	Heary	MO			
REC	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS?			
	W. Va. Monongalia	Morg	antown			1 XYES 2 NO			
FUNERAL	10. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF V				
NE I	137 Bryan Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER	N II S ADMED	26505	ANIC ORIOTHIC ID M. V.	U.S.				
	1 Never Married 2 Married FORCES? 1 YES	2 NO							
ВУ	3 Widowed 4 Divorced	71720	TES 2X NO Spec	any.	W.	hite			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USI (Give kind of work	UAL OCCUPATION done during most of working stired.)	16b, KIND OF BU	SINESS/INDUSTRY				
PLE	Elementery/Secondary (0-12)	W-5	200						
OMI	17. FATHER'S NAME (First, Middle, Last)	[Manager o	f V.A. Farm	IAME (First, Middle, Maiden	overnmen	t			
BE C	Herman Victor Schreiber			nrietta Ram	,				
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rura						
۴	Mr. Richard A. Schreiber	137 Br	yan Drive, Mo	rgantown, W	.VA 265	05			
	1 1 Surial 2 ☐ Cremation 3 ☐ Removal from State	b. PLACE AND DATE OF O	placel		CATION — City or To				
	4 Donation 5 Other (Specify) SI  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	<u>nith's Cha</u>	pel Church Cer	n. 3/25 Chu	rchville	. Maryland			
	Kinsten Anus (ing	lesboe	Tarring-Card Aberdeen, Ma		Home, P.7	Α.			
	23. PART I. Enter the diseasea, or complications that cause	d the death. Do not	enter the mode of dying, au	ch as cardiac or reap	iratory arrest,	Approximate			
	ahock, or heart fellure. List only one cause on e		. 1 1	4 /		Onset and Death			
	disease or condition resulting in death)	Move	adial	wfoul	in				
	DUE TO (OR AS	A CONSEQUENCE/OF):		V					
CERTIFICATION	Sequentially list conditions, b. Due TO (OR AS	A CONSEQUENCE OF S							
CAT	cause. Enter UNDERLYING	0							
Ĕ	Grat mithated events	A CONSEQUENCE OF):							
E	resulting in death) LAST	_							
	PART II. Other significent conditions contributing to death t	out not resulting in t	he underlying ceuse given i	n Part I. 24a. WAS AN		WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
¥ I						OF DEATH?			
ž									
<u>S</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	0	28. PLACE OF DEATH (C	theck only one)					
1YS	EXAMINER?  1 YES 2 THOUGHT 2 ER/OUT  27. MANNER OF DEATH  288. DATE OF INJURY		Nursing Home 5 Residence						
	1 Natural 5 Pending (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED				
BY	2 Accident Investigation 3 Suicide 8 Could not be building atc. (See	f — At home, ferm, stree		28f. LOCATION (Street	end Number or Flural F	Toute Number.			
Ë	4 Homicide datarmined building, atc. (Spe	city)		City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only Check only I CERTIFYING PHYSICIAN: To the beat of my know	rledge, death occurred a	t the time, date and place, and du	place and due to the cause(s) and memor on stated					
OMI	one) 2 MEDICAL EXAMINER: On the beels of examination					i) and menner ea stated.			
BE C	290. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE N	JMBER	29d. OAF6 SIGNED	(Month, Day, Yeag)			
10 B	totuce for	1	0/2	190	1 5/2	0/94			
F	AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Par	anne do	Grace	Mp	21070			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN					10			
	MAR 22 '94 Suridson A	hydall				1			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the three death. Page 6 may be retained by the hospital or attending DYSPITAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be not
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	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H	EALTH AND ME DEATH	NTAL HYGIENE	3-20	-91 5:30AM				
		0011	es Skarpac		DATE OF DEATH DAY		3. TIME OF DEATH  05.30 /4 M				
	393-26-4702	5. SEX	YRS. IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Morith, Day, Year) Feb 18 19	- 1	BIRTHPLACE (State or Foreign Country) Wisconsin				
TOR	90. FACILITY NAME (If not Institution, give etros  Veteran Hospital  RESIDENCE OF DECEDENT	it and number)		ELOCATION OF DEATI	9c. County of Death $n/a$						
DIRECTOR	10a. STATE 10b. COUNTY	Arundel	10c. CITY, TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 ☑ YES 2 □ NO					
FUNERAL	100. STREET AND NUMBER 701 GLENWOOD Str			21401			USA				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Diverced	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1X YES 2 N IF YES, GIVE WAR OR DATES 1948 - 1952	1 TYES	ENDENT OF HISPANIC petry Cuben, Mexican, F AVI NO Specify:		or No 14.	. RACE — American Indian, Black, White, etc. Specify: White				
LETED	15. DECEDENT'S EDUCAT (Specify only highest grade co-	FION 16a. DE (G/ mpleted) (G/ Mfe.	CEDENT'S USUAL OCCUPATION for kind of work done during most Do NOT use retired.)	st of working	16b, KIND OF BUS	NESS/INDUS	TRY				
COMPLET	12 17. FATHER'S NAME (First, Middle, Last) John Skarpac	Ad	lministrative	18. MOTHER'S NAME	(First, Middle, Meiden S		10				
TO BI	190. INFORMANT'S NAME (Type/Print)  Marty Insley		b. MAILING ADDRESS (Stroot at 135 Spa Driv	nd Number or Rural Rout		State, Zip Co.					
	26e, METHOD OF DISPOSITION 1 (A Burlel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	20h PLACE A	AND DATE OF DISPOSITION (Nat metory or other piece)	Comotonu	OATE 20c. LOC	ATION — City	or Town, State				
	22. SIGNATURE OF FUNERAL SERVICE LICEN	Set III	de: Home Air	D ADDRESS OF FACILI	"John M.	Tauko	r Funeral Homo unapolis, MD				
	23. PART I. Enter the diseeses, or con ahock, or heart feliure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the de at only one cause on each line.  MUSCANOLU  DUE TO (OR AS A CONSEC		No	a cerdiac or reapin	atory arrest	Approximata Interval Batween Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.									
AL CER	d.	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
MEDIC				3101111	PERFORM YES 2	ED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
PHYSICIAN:		IOSPITAL:	OTHER:	ACE OF OEATH (Check							
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. OATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c. INJURY WOR 1 Y	PRY AT 28	d. DESCRIBE HOW IN	JURY OCCUR	EO				
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At hori building, etc. (Specify)	me, term, street, factory, office	26	t. LOCATION (Street an City or Town, State)	d Number or F	Rural Route Number,				
COMPLETED		N: To the best of my knowledge, des					luse(s) and manner es stated.				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	ner MO		29c. LICENSE NUMBER	ent	29d, DATE SI	GNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO C			St L	BACTIM	BRE,	MD.				
	MAR 25 1994 Julia Deviden Randar BACTIMARE, MD.										

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	ted within 24 hours after death. Page 6 may be retained by the hospital or attending
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31. DATE FILED (Month, Day, Year)
MAR & 4 1994

	PRISCILLA	BROWN	200	mr, T	dusc	HARPS		2. DATE OF DEATH MONTH	DAY 8	YEAR 3. TIME OF	
	4. SOCIAL SECURITY ( 220-22-29	14	6. SEX	8. AGE (In yrs. I	VRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 21-	-06	B. BIRTNPLACE (State Country)	
TOR	9a. FACILITY NAME (# ANNE ARUN RESIDENCE OF	DEL MED		TER	Ter		NNAPOLIS			ARUNDEL	
DIRECTOR	10a. STATE MD	10b. COUNT	ARUNDEL		10c. CI	TY, TOWN OR LOCA	HARWO	OD	10d. INSIDE LIMITS		
FUNERAL	104. STREET AND NUM 263 POI		USE ROAD	( RURA	AL)	10	1. ZIP CODE 20776		10g. CITIZ	U.S.A.	
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Merried 4 Divorced  12. WAS DECEDENT EYER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				RMED	If yes, sp	CENDENT OF NISPA Decity Cuben, Mexico 3 2 10 Speci	NIC ORIGIN? (Specify Y an, Puerto Rican, atc.) fy:		14. RACE — American Black, White, etc. AFRO AMER	
PLETED	(Specif	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)			(Give kind of Ife. Do NOT u	usual occupati work done during me se retired.) MESTIC	ON ost of working	16b. KIND OF B	USINESS/INDI		
E COMPL	17. FATHER'S NAME (FA		S				18. MOTHER'S NA	AME (First, Middle, Meide E MOULDE!			
TO BI	19a. INFORMANT'S NAME (Type/Print) RAIMOND BROWN  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 706 BYWATER ROAD — ANNAPOLIS, MD. 21403										
	20e. METHOD OF DISPOSITION  A.X. Souriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of DRUDY MD.)  DATE 20c. LOCATION - City or Town, State  DRUDY MD.										
		Other (Specify)		1 MOS	J-77		ND ADDRESS OF FA				
	21. SIGNATURE OF FUI CHARLE  23. PART I. Enter the shock, IMMEDIATE CAUSE disease or condition	CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SHICKS THE CHAIL SERVICE L SHICKS THE CHAIL SHICKS THE CHAIL S	111/	Victor to de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de l	death. Do	HOUSE	OF HICK		ANN	APOLIS, M 22 FOREST	
ERTIFICATION	21. SIGNATURE OF FUI  CHARLE  23. PART I. Enter ti shock, IMMEDIATE CAUSE	other (Specify)  SERVICE L  SHICKS  de diseases, or or heart failure  (Finel n  miditions, amediate RLYING injury	11 Complications the List only one ceu a	It claused the cuse on each lin	desth. Do na.	HOUSE not enter the mo	OF HICK	S F. SERVI	ANNICE 19	APOLIS, M 22 FOREST Appro Interv Onset	
HEDICAL CERTIFICATION	21. SIGNATURE OF FUI  CHARLE  23. PART I. Enter ti shock, immediate cause disease or condition resulting in death)  Sequentially list conditions if any, leading to increase. Enter UNDE CAUSE (Disease or that initiated event resulting in death)	other (Specify)  JERRI SERVICE L  SHICKS  de diseases, or or heert failure  (Finel in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in the service land in	Complications the List only one ceu a. Due to b. Due to d	ft chused the cuse on each life (OR AS A CONS	death. Do ne.	HOUSE not enter the mo	OF HICK ode of dying aud	S F. SERVI	ANNICE 19  ICE 19  HCQA  IN AUTOPSY DRMED?	APOLIS, M 22 FOREST Appro Interv Onset	
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P  OTHER: 4   Nursing Non AE OF JURY M 1    street, factory, office red at the time, date	OF HICK Dide of dying, aud Dide of dying, aud Dide of dying, aud Dide of dying, aud Dide of dying, aud Dide of dying, aud Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide of Dide	Part I. 24a. WAS A PERFO	ANN ICE 19 piratory arre  N AUTOPSY PRIMED? 2 NO V INJURY OCC  R end Number (e)	22 FOREST  22 FOREST  24b. WERE AUTOF AMARABLE P COMPLETION OF DEATH?  1 YES 2	

32. REGISTRAR'S SIGNATURE Julia Leyston-Andales

	ü
09	within
BOX 6876	executed
$\tilde{a}$	2
B	cate
P.O.	certifi
S, P	death
Ö	the d
OR	that
RECORDS,	requires
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ITAL	The
	PHYSICIAN:
IVISION OF V	ATTENDING
D	R
	_

31. DATE FILED (Morth, Day, Year)

<u>_</u>	ŧ	•	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit pen	be filed within 72 hours after death with the State Dept. of Health and Memail Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

											3.	**		
	1 - FOR STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTA	L HYGIENI REG. NO.	Ε			
	1. DECEDENT'S NAME (First, Middle, Last)								MONT	OF DEATH	Y .	YEAR	3. TIME OF DEAT	гн
	Charles Harriso								Mar		.5	1994	0411	# M
		5. SEX	6. AGE (In yrs. les	t birthday)	MONTHS	DAYS	HOURS	AFIRE	(Mont	OF BIRTN h, Day, Year)		Count		nelgn
	9a. FACILITY NAME (If not institution, give street		//	THS.						8, 191			yland	
æ	Washington County Hospital				96. CIT		r LOCATIO		ATH		%. COUNTY OF DEATH Washington			
CTO	RESIDENCE OF DECEDENT										Washirigeon			
IRE	Maryland Washi	ma tan		1	10c. CITY, TOWN OR LOCATION  Keedysville						10d. INSIDE CITY LIMITS?			
L D	100. STREET AND NUMBER	ngton		Ke	eays	_							1 - YES 2 X	NO
BY FUNERAL DIRECTOR	5332 Mt. Carmel Church Road					101	217				US.		WHAT COUNTRY?	
JNE		12. WAS DECEDENT		MED	13	WAS DEC			IIC OBIGII	17 (Specify Yes		-	E — American Indi	
F	1 🔀 Never Married 2 🗌 Married		YES 2 X		1	Il yes, spe		n, Maxicar	n, Puerto	Rican, etc.)	Black, White, etc.  Specify: White			uers,
	3 Widowed 4 Divorced						- 99 110	ороону					" will te	
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co		(G	CEOENT'S	work done	during mo.	IN at of workin	g	168	. KINO OF BUS	INESS/INI	DUSTRY		
)LE	Elemantary/Secondary (0-12) Unknown	College (1-4 or 5+)	) ///	. Do NOT us lab	orer					farm	ing			
OMI	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	ER'S NAI	MF (First	Middle, Maiden				_
	Unknown								nown		Juliamo			
) BE	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Route Num	ber, City or Town	, State, Zi	p Code)		
5	Diane Sullivan		1	122 N	. Po	toma	c St	reet	Н	agerst	own,	Mar	yland 21	.740
	20g METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Remove	al from State	20b. PLACE /						DAT			City or To		1
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	NSFF	Rose	HITT			O ADDRES	OF EA	3/2	29   Hage	rsto	wn,	Maryland	<u>d</u>
3	H. OIN M	nnu'c	h			Gera]	d N.	Mir	mich	n 305	N. F	oton	nac Stree	et
	22 DADY I Enter the discourse	*/*/*	, ,				al E			Hage	rstc	wn,	Maryland	d
	23. PART i. Enter the diseases, or con shock, or heert failure. Lis	st only one ceur	se on each line	eth. Do r	ot ente	r the mo	de of dyl	ng, auch	h Ba can	diac or reapi	atory ar	real,	Approxim interval B	etween
	IMMEDIATE CAUSE (Final disease or condition	/	1	- /		1 1	-1		0			1	Onset and	3 Death
	resulting in death) a. Consulting West fully pulling the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prope													
z	Co cor pulmonale inchemi heart design													
ERTIFICATION	Sequentielly liet conditions, If any, leading to immediate OUE TO SON AS A CONSEQUENCE OF: couse, Enter UNDERLYING													
2	CAUSE (Disease or injury	OUF TO	OR AS A CONSEC	DUENCE O	n-									
H	thet initiated eventa resulting in deeth) LAST	(300=300)		ATTENDED OF									j	
S	_ t.													
AL	PART II. Other algnificent conditions  Servee		deeth but not r	eeulting	in the u	nderlying	ceuse g	iven in	Part I.	24a. WAS AN A PERFOR		24b	AWAILABLE PRIOR	TO
ED	- Jenal un	suff	reng						- 1	1 - YES 2	NO		OF DEATH?	CAUSE
Σ		-ff	-						-	,			1   YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF O	EATH (Che	ock only or	76)				
SIC		HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHE 4 Nu		5 🗆 Ra	aldenca	8 Othe	er (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. OATE OF		28b. TIM	E OF	28c. INJ	URY AT		28d. DE	SCRIBE HOW IN	JURY OC	CURED		
BY	1 Netural 5 Pending 2 Accident Investigation	N	11		M	1 🗆 1	'ES 2 [	NO NO						
	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF building, r	INJURY — At ho stc. (Specify)	me, ferm,	etreet, fac	tory, office	1			ATION (Street a or Town, State)	nd Numbe	r or Rumil i	Route Number,	
COMPLETED	20. CETTIEIED													
MPI	(Check only one) 2 MEDICAL EXAMINER:												ab and —	10.11
		A THE DANG OF EX	and/or i	veatigatic	an, an arry	opinion, d				and place, end				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- t	MA					NSE NUM					(Month, Day, Year)	
2	30. NAME AND A DORESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH /ITE	M 271 /5/04	Delet)		US	25	18		- 3	25	17	

COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH Shoemak 2326 . 994 March enn -e C1 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F YRS. 213-16-1227 Oct. 29 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR Washington County Hospital Washington Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?

1 YES 2 NO Maryland Washington Hagerstown permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12348 Learning Lane 21740 use as the bunal-transit U.S.A. iours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 1 YES 2 □ NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No -14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: ВУ Specify: 3 Widowed 4 Divorced W.W.II White COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes and completely filled in by the funeral director, page 5 should be detached for in burial, cremation, or removal. Elementary/Secondary (0-12) College (1-4 or 5+) 4 Foreman Railroad 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) William P. Shoemaker Ħ Alice Snyder BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Sadie K. Shoemaker 12348 Learning Lane Hagerstown, Maryland 21740 be 20a. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Boonsboro 4 Donation 5 Other (Specify) Cemetery 3-26-94 Boonsboro, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home Unnick 415 E. Wilson Blvd. Hagerstown, Md. 21740 medical 23. PART i. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. Liet only one cause on each line interval Between **IMMEDIATE CAUSE (Final Onset and Death** the disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF) event. 400 executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, other traumatic CERTIFICATION Sequentielly ilst conditions, 2 DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING attending physician a requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 the atten Mental h PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO signed by the эпу Anemia COMPLETION OF CAUSE 1 YES 2 -NO OF DEATH? shows 1 YES 2 NO been of of PHYSICIAN: has by Dept. HOSPITAL DR ATTENDING PHYSICIAN: The law Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) h the State L **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) this c. 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO After th BY 2 Accident 26e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, atc. (Specify) 99 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be DIRECTOR: 28 4 Homicide Hem 29e. CERTIFIER
(Check only
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE nelowal 3.23.94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) nichael Cormack Howell 1799

31. DATE FILED (Month, Dey, Year)

5 1994

32. REGISTRAR'S SIGNATURE

Denden Ro

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	1	ansit normalists	- ALLINA
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physicia	led in by the funeral director, page 5 should be detached for use as the burial-t, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit memoral. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Robert	Franklin		Schaub		2. DATE OF DEATH MONTH DA	1994 YE	3. TIME OF DEATH 10:25 D M
	4. SOCIAL SECURITY NUMBER 217-28-4988	1X M 2 □ F 64	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 22, 19	a. B	HRTHPLACE (State or Foreign ountry) ryland
TOR HOT	Memorial Hospital			96. CITY, TOWN C	On_	EATH	9c. COUNTY C	
DIRECTOR	100. STATE 100. COUNTY Maryland Ken		10c, CIT	Chester				10d. INSIDE CITY LIMITS? 1X YES 2 NO
A	100. STREET AND NUMBER 918 Washington St				ZIP CODE 21620		U.S.	OF WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yee, spe	ENDENT OF HISPAN city Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, stc.) y:		RACE — American Indian, Black, White, aic. Specify: White
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 6+)	16e. DECEDENT'S (Give kind of v life. Do NOT us		N It of working	16b. KIND OF BUS		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Frank Schauber		Dates	man		Insura ME (First, Middle, Meiden s ne Meekins		
2	19a. INFORMANT'S NAME (Type/Print)  Margaret Schauber  20a. METHOD Q6 DISPOSITION	-	918 Wa	shington	Street,		wn, Ma	ryland 21620
	t Duriel 2 Cremation 3 Rem Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LIC	ceme Ca	PLACE AND DATE OF PLACE AND TO LO	her place) rematory	02-25	h	ver, Do	elaware
	► William L. Ki	CAMP I	ly	Chest	ertown,	Maryland	21620	
	immediate cause (Fine)	a. Multiple DUE TO (OR AS A	tine.					Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	oue to (or as a Due to (or as a d.	consequence of	7):	repto	roual	soptu	1-25-94 cemia 1-21-94
MEDICAL	PART II. Other eignificant condition	algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 WHO						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHTSICIAN	26. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	With the second		
- 1	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Ninpetient 2 ER/Outpa 26a, DATE OF INJURY (Month, Day, Year)	26b, T/M	E OF 28c. INJ	JRY AT	6 Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCURE	D
9 03 13	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Special	— At home, farm, a	treet, fectory, office		281. LOCATION (Street a City or Town, State)	nd Number or Re	ural Route Number,
COMPLETED		CIAN: To the best of my knowle R: On the basis of exemination						use(s) and menner as stated.
IO DE	29b. SIGNATURE AND TITLE OF CERTIFIER  ROBERT W.  30. NAME AND ADDRESS OF PERSON WH	Trever.		Dried	D 109			NED (Month, Day, Year) 22-94
	7 6 9 (e Oceo	n Gateu	TURE,		on. N	14.2160	)	
B	MAR 2'94	Julia Davidson	-Randelle					

am L. King

BALTIMORE, MARYLAND 21215-0020	in 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ely filled in by the funeral director, page 5 should be detached for use as the burlat-trans nation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	,		STATE REGISTR	AR
	1.	DE	CEDENT'S	NA

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CERTI	FICATE	OF DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Catherine Rebecca	Schweizer	•			2. DATE (	OF DEATH		YEAR Q U	3. TIME OF DEATH
- 3	4. SOCIAL SECURITY HUMBER		AGE (In yrs. last birthda	/) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE C				PLACE (State or Foreign
	213-38-9939	1 🗆 M 2 💢 F	55 YRS	MONTHS D	AYS HOURS MIN.	Jan.	Day, Year)	939	Country	
	So. FACILITY HAME (If not institution, give st	- (	AT HOME )	96. CITY, TO	WN OR LOCATION OF	DEATH		9c. COU	NTY OF DI	EATH
DIRECTOR	34 Georgia Avenue - Co	ystal Beach	Manor	Ear	leville			Cec	il_	
Ä	10a. STATE 10b. COUNTY		10c. 0	TY, TOWN OR I	OCATION					10d. INSIDE CITY
10	Maryland C	ecil		Ear	leville					1 YES 2 NO
FUNERAL	34 Georgia Avenue			nor	101. ZIP CODE 21919			1 *		tates
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED	13. WAS	DECEMBENT OF HISP	ANIC ORIGIN	(Specify Yes	or No-	14. RACE	— American Indian, White, atc.
B	1 Never Married 2 Nerried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR OATES	1	s, specify Cuben, Mexic YES 2 X HO Spec	cen, Puerto R elfy:	ican, stc.)		Specifi	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. OECEDENT	'S USUAL OCCU	PATIOH	16b.	KIHD OF BUS	SIHESS/IND		ric
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT	use retired.)	g most of working					
MP	12		Homema	ker			Don	nesti	С	
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	IAME (First, M	iddle, Maiden	Surname)		
BE	Thomas Duff				Reba	Walls	3			
2	19a. INFORMAHT'S NAME (Type/Print)				reet and Number or Rura					21919
F	William Schweizer	Jr.	34 Geo:	rgia Ave.	- Crystal 1	Beach M	banor, I	Tarlev.	ille,	Maryland
	20a, METHOD OF DISPOSITION 1   Burlal 2   Cremation 3   Remo	oval from Stata	20b. PLACE AND DAT	e of Disposition	N(Name of ery March 23	DATE		CATION —		
	21. SIGHATURE OF FUHERAL SERVICE LIC	ENSEE /	A L		E AND ADDRESS OF F		[CeC1	TLOH	, Mai	ryland
	▶ William L. Ki	ng Ohn	y hand	Fel1	ows Funer E. Main St.	al Hor			21017	2
	23. PART i. Enter the diseases, or c	omplications that ca	used the death. Do	not enter the	mode of dying, su	ch as cardi	ac or respi	ratory arr	eat,	Approximate
Į	shock, or heert fellure. I IMMEDIATE CAUSE (Finel	Liet only one ceuse	on each line.							Interval Between Onset and Death
		Detro.	ant	16	a. A	1				
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE	OF):	equipment with	Cherry	-			1900
No.	Sequentially list conditions,	DUE TO COR	AS A CONSEQUENCE	-						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE 10 (OH	AS A CONSEQUENCE	OF):						
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):						
E	resulting in death) LAST									
EDICAL	PART II. Other significant conditions	contributing to dea	ath but not resulting	In the under	lying cause given in	n Part i.	24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							1  YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	heck only one	J			
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ВУ РН	27. MAHNER OF OEATH  1 Hetural 5 Pending 2 Accident Investigation	28s. DATE OF IHJ (Month, Day, 1		HJURY	WORK?	28d. DE\$C	CRIBE HOW II	NJURY OCC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF IN building, stc.	JURY — At home, ferm (Specify)	, street, factory,	office	28f. LOCA City of	TIOH (Street a Town, State)	and Number	or Rural Ro	oute Number,
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COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	EIAH: To the best of my								and manner as stated,
BEC	296. SIGNATURE AND TITLE OF CENTIFIER				29c. LICEHSE NU	MBER				(Month, Day, Year)
2	30. HAME AHO ADDRESS OF PERSON WHO		P. 0.5.17.		D15			- 3	121/	94
	Henry Farkas, M	.D. Nort	hern Che		ke Hospi	ce. F	11 H	owar	d S	treet 1921
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							
	MAR 2 7 '01	Achia Davidson	70. 2.00							

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BALTIMORE, MARYLAND 21215-0020

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31. DATE FILED (Month, Day, Year)
MAR 2 5 1994

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The law requires that the death certificate be

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Hans Fredrick March 24, Schroeder 1994 11:10 A. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 4 MOT 19 27 5. SEX IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 579-26-7398 66 DAYS 1 X M 2 - F Wash. DC Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Physicians Memorial Hospital LaPlata Charles RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Charles LaPlata 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1 Magnolia Dr. 20646 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, aic. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puarto Rican, stc.) FORCES? 1 TYES 2 IF YES, GIVE WAR OR OATES 1 Never Married 2 Married 1 TES 2 NO Specify: BY SpecifiWhite 3 Widowed 4 Divorced WW II ETED. 15. DECEOENT'S EDUCATION 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Collega (1-4 or 5+) Plumber Plumber COMPL Union Local # 5 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme, Hans Schroeder Erna Maas Schroeder ĕ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 Steve Schroeder P.O. Box 241 Port Tobacco, MD 20677 Pe 20s METHOD OF OISPOSITION
1 Description | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must Md Vererans Cem. Cheltenham, MD 3/28/94 examiner 21. SIGNATURE-OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY AREHART-ECHOLS FUNERAL HOME, INC. M00945 Hours 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory street,

Approximate medical Approximate Interval Between shock, or heart fallura. List only one cause on each line IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition_ reaulting in death) event, traumatic CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF). If any, leading to immediate cause. Enter UNDERLYING other t **CAUSE** (Disease or injury that initiated evanta DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST 0 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? 1 TYES 2 T NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 TO THE HOSPITAL DR ATTENDING PHYSICIN TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCUREO INJURY 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 290. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) end manner as stated. (Check only one) 2 ___MEDICAL EXAMINER: On the besia of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and menner ea stated. AND TITLE O 29d. DATE SIGNED (Month, Day. 29c. LICENSE NUMBER BE D-02975 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

Daniel M. Howell, M.D., Pembrooke Square, Suite 104, Waldorf, Maryland

SE COSTRATS SIGNATURE PONDER

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After this certificate has been signed by the attending physician and completely filled in by the funeral director, I	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	
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	1 - STATE REGISTRAR	STATE OF MARY			OF DEA			HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy	i n ah a th					2. DATE OF	DEATH			3. TIME OF OEATH
	Dorothy El	ızabetn	S	wann			March	23 1	994	YEAR	2:35P M
	4. SOCIAL SECURITY NUMBER	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	(In yrs. last birthday)		YEAR IF UNDI	R 24 HRS.	7. DATE OF	BIRTH		8. BIRTH Countr	PLACE (State or Foreign
	215-76-8526		OI YAS.					791	2	Má	aryland
œ l	9a. FACILITY NAME (If not institution, give s	ALK SOLD SELECTION		9b. CITY, T	OWN OR LOCAT	TION OF DE	EATH		9c. COUN	TY OF D	EATH
DIRECTOR	Physicians Memo	rial Hospit	al	La	Plata			1	Char:	les-	
HE	MD 10b. COUNT Ch.	arles		Plata							10d. INSIDE CITY LIMITS?
	15		La	Flat							1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER	T 0 T			10f. ZIP CO			- 1		S.A	VHAT COUNTRY?
N N	100 LaPlata Rd	P.U. BOX		1 42 144	206						
BY FL	1 🔀 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		If y	yes, specify Cub	en, Mexice	n, Puarto Ric		or No-	14. RACE Black Specia	- American Indian, t, White, etc. White
3	15. DECEDENT'S EDU (Specify only highest grade	(CATION	16e. DECEDENT'S	S USUAL OCC	UPATION ring most of work	daa	16b. K	IND OF BUSI	NESS/INDU	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life, Do NOT u	memal		ung		II.			
COMPLEIED	12		110	memai				Но			
	17. FATHER'S NAME (First, Middle, Lust)  Julian Swann						ME (First, Mid				
מ	194 INFORMANT'S NAME (Type/Print) Clara Morris		19b. MAILING	G ADDRESS (	DOY Street and Numb		Wann			Codel	
2	Clara Morris										20677
	28e. METHOD OF DISPOSITION 1 TO Burlet 2 Cremetion 3 Rem		b. PLACE AND DATE	OF DISPOSIT			DATE		ATION — C		
	4 Donation 5 Other (Specify)	M	t. Rest	Cem.		3.	-26-1	994	LaP1	ata	MD
	21. SIGNATURE OF FUNERAL SERVICE LI	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	00945			ECH	OLS F				.MD 20646
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, ehock, or heart fellure. List only one cause on each line.  Approximate interval Between Onset and Death  Due to (or as a consequence or):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  Due to (or as a consequence or):  Due to (or as a consequence or):  Due to (or as a consequence or):  Due to (or as a consequence or):										
ار	PART ii. Other eignificent condition	a contributing to deeth	but not resulting	in the unde	arlying cause	given in	Pert I. 2	u. WAS AN A		24b.	WERE AUTOPSY FINDINGS
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SICIAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (Ch	eck only one)		_		
5	EXAMINER?	HOSPITAL:	tpetient 3 DOA	OTHER:	g Home 5 🗆 F	Reeldence	6 🗆 Other (S	Specify)			
In In	27, MANNER OF DEATH Netural 5 Pending Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		ME OF 2	8c. INJURY AT WORK?	□ №	26d. DESCR	IBE HOW IN	JURY OCCU	JRED	
3	3 Suicida 6 Could not be determined	26a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, ecily)	straef, fector	y, office			ON (Street en Town, Stefe)	d Number o	or Aural A	oute Number,
OMPLE		ICIAN: To the best of my know									) end menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	D ~	W	1	12	20	WBER 2	4.	29d. DATE	SIGNED	(Month, Day, par)
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	Print)	.5	110	161			V	
	MAR 2 5 1994	32. BEGISTRAPS SIG	NATURE Mondal	2							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the finite that the following the detach of the first and Mental Hygiene prior to Linguistic cremation, or remove the capture of the many 25 should be detached to the many of the prior to the state of the many of the prior to the state of the many of the prior to the state of the many of the prior to the state of the prior to the state of the prior to the state of the prior to the state of the prior to the state of the prior to the state of the prior to the prior to the state of the prior to the state of the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior t	DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial, trans after death with the State Dept. of Health and Mental Hygiene prior to burial, creation, or removally according to the property of Health and Mental Hygiene prior to burial, creation, or removally according to the property of Health and Mental Hygiene prior to burial, creation, or removally according to the property of Health and Mental Hygiene prior to burial, creation, or removally according to the property of Health and Mental Hygiene prior to burial, creation, or removally according to the property of Health and Mental Hygiene prior to burial, creation, or removally according to the property of Health and Mental Hygiene prior to burial, creation, or removally according to the property of Health and Mental Hygiene prior to burial, creation, or removally according to the property of Health and Mental Hygiene prior to burial, creation, or removally according to the property of Health and Mental Hygiene prior to burial, creation, or removally according to the property of Health and Mental Hygiene prior to burial, creation, or removally according to the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prop
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR		CE	RTIFICA	TE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE C				3. TIME OF DEATH
	HARRY	NMN		STER	N		Marc	h 21,	199	YEAR	7:25 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last	birthday) IF U	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE O				IPLACE (State or Foreign
	577-12-9054	1 🔀 M 2 🗆 F	77	YRS. MONT	S DAYS	HOURS MIN.	(Month,	Day, Year)		Count	(7)
	9e. FACILITY NAME (If not institution, give s	treet and number	11	05.0	UTV TOUR	OR LOCATION OF DE	Dec.	13,19			sh. D.C.
œ							EATH			NTY OF E	
2	Memorial Hospita	L & Medica	1 Cente	er C	umber	land			A11	egan	У
2	10a. STATE 10b. COUNTY	1		10c. CITY, TOW	N OR LOCA	TION					10d. INSIDE CITY
DIRECTOR	Md. All	Legany			Cumbe						LIMITS?
	10e. STREET AND NUMBER	Legally				. ZIP CODE					1 X YES 2 NO
FUNERAL									10g. CIT	IZEN OF 1	WHAT COUNTRY?
밀	831 Windsor Rd	C				21502				U.:	S.A.
5	1 Never Merried 2 Merried	12. WAS DECEOENT ET			13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN?	(Specify Yes	or No-	14. RACI Blac	E — American Indian, k, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			2 NO Specify		,		Spec	//y·
	15. DECEOENT'S EDU	I	10.50								White
COMPLETED	(Specify only highest grade	completed)	(Gh	EDENT'S USUAL  ve kind of work do  Do NOT use retire	ne during mo		16b. I	CIND OF BUS	SINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	110.		*						
Ž	12	88		P	hysic				lecti	roni	cs
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mi	ddle, Maiden	Sumeme)		
BE	Moses	Ste				Rebeco				onro	e
2	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDR	ESS (Street o	and Number or Rural F	Route Numbe	r, City or Town	n, State, Zip	Code)	
-	Mrs. Sally Stern		83	31 Wind	sor R	d. Cumbe:	rland	. Md.	2150	)2	
	20a. METHOD OF DISPOSITION 1 ₱€ Buriel 2 □ Cremetion 3 □ Rem	and form Park	20b. PLACE A	ND DATE OF DISI	OSITION (NE		DATE		CATION -		wn, State
	4 Donation 6 Other (Specify)	oval from Stata	Rose H	Hill Ce	ce) metev	3/2	2/94	Cur	mber1	land	, Md.
	21. SIGNATURE OF JUN RAL SERVICE LIC	ENSEE				O ADDRESS OF FA		1 00			,
1	> 10 1 (1	7 00	,		Mer	ritt-Ada	ms Fu	neral	Home	2	
	Notices C	· ada	ma		404	Decatur	St.	Cumb.	. Md.	. 21	502
	23. PART i. Enter the diseesea, or of ahock, or heert failure.	complications that ca List only one cause	used the dea	ith. Do not en	ter the mo	de of dying, sucl	h aa cardii	c or reapi	ratory en	reat,	Approximate
	IMMEDIATE CAUSE (Final		on outil mit.								Onset and Death
	disease or condition resulting in death)	· Dilates	Can	DIDIN	un	251/11	1425	Hh T	2610	20-	- luk
	Todaming in double,	. Dilates	AS A CONSEO	UENCE OF):	0	15		1	9	00	
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의	Sequentially list conditions, If any, leading to immediate		AS A CONSEO		540	CERK	2710	5			
§ 1	cause. Enter UNDERLYING				2100		بالمرادل	$\sim$			
CERTIFICATION	CAUSE (Diseese or injury that initiated events	DUE TO (OR	AS A CONSEO	UENCE OF):	4						
臣	reculting in death) LAST	4									!
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DICAL	PART ii. Other algnificent condition	a contributing to de-	eth but not re	eulting in the	underlying	g ceuse given in	Part I.	4a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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₹	25. WAS CASE REFERRED TO MEDICAL				26 Pt	ACE OF DEATH (Che	ack only one)				
PHYSICIAN: ME	EXAMINER?  1 YES 2 NO	HOSPITAL:	160-4-41-4 0.6	ОТН	ER:						
¥∥	27. MANNER OF DEATH	28a. DATE OF INJ		28b. TIME OF	10 28c. INJ	e 5 Reeldence					
	Natural 5 Pending	(Month, Day, 1		INJURY	WO	RK?	280. UESC	RIBE HOW II	AJUHY OCI	CUREO	
B	2 Accident Investigation	20. 20.00.00				ES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	(Specify)	ne, term, street,	lectory, offic	. 1	281. LOCAT City or	Town, State)	nd Number	or Rural I	Route Number,
COMPLETED											
2 1	290. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, dea	th occurred at th	e time, date	end place, end due	to the cause	e(e) end men	ner se stat	ed.	
≥	One) 2 MEDICAL EXAMINE										) end manner se stated.
	29b. SIGNATURE, AND TITLE OF CERTIFIER	1									
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ဍ	00 HANE AND 1-1-1-1	2				D35481			3	5/21	174
	30. NAME AND ADDRESS OF PERSON WHO										
		Memorial H		1 Cum	berla	nd. MD.	2150	2			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								
	MAR 21 33	4 Fred	-	8. 4							
		U		-			-				DHMH-16 Rev 1/89

FOR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ARON CIAL SECURITY NUMBER  1.8-48-8928	KAY		SNYDE	D	2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEA	ATN
CIAL SECURITY NUMBER			SNYDE	D			YEAR		
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lever Married 2 Merried  Vidowed 4 Divorced	FORCES? 1 YE	S 2 X NO	If ye	a, specify Cuban, Mexic	en, Puerto Ric	(Specify Yea or No— an, etc.)	Blaci	k, White, etc.	dian,
15. DECEDENT'S EDU	CATION completed)	(Give kind o	of work done during	PATION or most of working	16b. K	IND OF BUSINESS/II	OUSTRY		
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HED'S NAME (First Middle   ant)	6	Mental	Health					ept.	
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Shelly Rigo	leman	1						562	
ETHOD OF DISPOSITION	2	Ob. PLACE AND DAT	E OF DISPOSITIO		DATE				
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entially list conditions, , leading to immediate o. Enter UNDERLYING E (Disease or Injury nitiated events ling in death) LAST	c								
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S CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C	heck only one)				
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NNER OF DEATN	28e. DATE OF INJURY	28b. T	IME OF 28	. INJURY AT	- 44	110/6			TMDA
Natural 5 Pending Investigation			M	YES 2 NO	1				
Suicide 8 Could not be	28e. PLACE OF INJUI	RY — At home, term	, street, factory,	office					
		PLIRI	IC RO	ADWAY					
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2 X MEDICAL EXAMINE	P: On the basis of examinat	ion end/or investigat	tion, in my opini	on, death occured at the	e time, date en	nd place, and due to	the ceuse(s	) end manner ee	stated.
SHAPTIRE AND TITLE OF CENTIFIE	U.W. A	1.1		29s. LICENSE NU	MOEN	29d. D/	TE SIGNED	(Month, Day, Year	r)
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Le  FORMANT'S NAME (Type/Print)  Shelly Rigg  ETHOD OF DISPOSITION  artel 2   Cremetion 3   Remonation 5   Other (Specify)  NATURE OF FUNEBAL SERVICE LIC  ART I. Enter the diseases, or a shock, or heart fellure.  DIATE CAUSE (Finsl se or condition ing in death)  Artel 2   No intel 1   Nother States or injury intel events ing in death) LAST  II. Other significent conditions  S CASE REFERRED TO MEDICAL  AMMNER?  Artes 2   No inter of DEATN  Natural 5   Pending investigation  S CASE REFERRED TO MEDICAL  AMMNER?  Artes 2   No inter of DEATN  Natural 5   Pending investigation  S CASE REFERRED TO MEDICAL  AMMNER?  Artifier   CERTIFYING PNYSI  MEDICAL EXAMINE	Allegany REET AND NUMBER  194 Woodlawn Dr.  RITAL STATUS  ever Merried 2   Merried Ridowed 4 Divorced  15. 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Was Decedent ever in u.s. Armed FORCES? 1 Set Set Set No If Yes, Give war or Dates  15. Decedent's Education (Specify only highest grade completed)  15. Decedent's Education (Specify only highest grade completed)  15. Decedent's Education (Specify only highest grade completed)  16. Decedent (Globe kind life. 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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely 🚅 in by the funeral director, page 5 should be detactive		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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The	te ha	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	E
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Ruth M. Tolber	:t				2. DATE OF DEATH DAY 3 20	9 4	approx 7:30
	213-44-0425	1 🗌 M 2 🔀 F	(In yrs. last birthday) 48 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/19/45	Cou	ATHPLACE (State or Foreign untry) MD
TOR	99. FACILITY HAME (If not institution, give stre Belair Convales ( RESIDENCE OF DECEMENT		:	Belair	R LOCATION OF DE	ATH	Harf	
DIRECTOR	MD Harfo	ord		r, town on Locat erdeen	ЮН			10d. IHSIDE CITY LIMITS? 1 X YES 2 HO
FUNERAL	324 Chesnut 3	7.			2100	1		F WHAT COUNTRY? USA
BY FU	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 100	if yes, sp		IIC ORIGIN? (Specify Yes or n, Puerto Rican, etc.) :	BI	ACE — American Indian, lack, White, etc. Decity: Black
COMPLETED	15, DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATIOH ompleted) College (1-4 or 8 +)		USUAL OCCUPATION or done during mode retired.)		16b. KIND OF BUSIN	ESS/INDUSTRY	
	12 17. FATHER'S HAME (First, Middle, Last) James E. Lee		Nursing	Assis	18. MOTHER'S HAI	Ho ME (First, Middle, Meiden Su Ruth Water		11
TO BE	190. IHFORMANT'S HAME (Type/Print) Mary Ruth Norto	on	19b. MAILING 324	ADDRESS (Street a	nd Number or Rural F	Poute Number, City or Town,	State, Zip Code)	
	20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Hamov 4 Donation 5 Other (Specific	JC	ohn West	ley Un	ited Me	eth. Ab	ingdo	Town, State
	21. SIGNATURE OF FUNERAL SUPPLIES LICE	Mas		Bear 552	Lewis S	al Home t., Havre	De G	race, MD
	23. PART I. Enter the disesses, or conshock, or heert fellure. Li IMMEDIATE CAUSE (Finsi disesse or condition resulting in death)	iet only one ceuse on e	d the deeth. Do rech line.	Tum	de of dying, such	h se cerdisc or reepira	tory smest,	Approximats interval Between Onset and Daath
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		A CONSEQUENCE OF		Sora			
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions	contributing to death I	but not resulting	In the underlyin	g cause given in	Part I. 24e. WAS AN AL PERFORM!	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	ACE OF DEATH (Ch	eck only one)		
	27. MANNER OF DEATN 1	1 Inpetient 2 ER/Out  28a. DATE OF IHJURY (Month, Dey, Year)	28b, TIM	4 UHursing Hone LE OF 28c. IH.	e 8 Residence URY AT RK7 YES 2 HO	6 Other (Specify)  28d. DESCRIBE HOW IHJ	URY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, :	street, factory, offic		281. LOCATION (Street and City or Town, State)	d Number or Ru	ral Route Number,
COMPLETED	one)	IAN: To the best of my know						se(s) and manner as stated.
TO BE C	29b. SIGNATURE AND THE OF CERTIFIER	UNE WO			29c, LICENSE NUI	8 2	DATE SIGN	NED (Marith, Sey, Year) 2 4 1 9 4
	30. HAME AND ADDRESS OF PERSON WHO KULLU C	32. REGISTRAR'S SIGN	dont	Print	2021 6	miner on 1	ka Sk	11/10 x 1015
	MAR 25		Ca Danda	70 .				DHMN-18 Rev 1/89

	FOH	
1	STATE	
•	REGISTRAR	

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO.		
	LYNN Dela	Lynn Dela NCLY A		Tanner,	Jr. Esq.	2. DATE OF DEATH DO MAYCH 24		3. TIME OF DEATH TO M
	210 00 0005 7	SEX 6. AGE (	in yrs. last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Pay, Year)	Cou	
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOW	N OR LOCATION OF DE	October 1	0,1918 sc. county of	
OR	Harford Memorial H	ospital		Hav	re de Gra	ce	Harf	ord
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		toc. CIT	Y, TOWN OR LO	ATION			tod, INSIDE CITY
DIR	Maryland Har	ford	Abo	erdeen				t YES 25 NO
FUNERAL	10. STREET AND NUMBER 19 Franklin Street				21001		10g. CITIZEN OF	WNAT COUNTRY?
ΒY	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	It yes,	ECENDENT OF NISPAN specify Cuban, Maxica ES 2 NO Specify		Spi	CE — American Indian, lok, White, etc. ec/ly: hite
ED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON spleted)	18a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS		
COMPLETED		ollege (1-4 or 5+)		work done during se retired.)  -Juven:	ile Judge	Legal-J	udicial	Profession
CO	17. FATNER'S NAME (First, Middle, Last)	Tanner, Sr				ME (First, Middle, Maiden	Sumame)	
BE	Lynn DeLancey  190. INFORMANT'S NAME (Type/Print)	Tallier, St		ADDRESS (Charles			-	
2	Patricia W. Tanner	:	19 Fr	anklin	Street, A	berdeen, I	d. 2100	1
	20a. METHOD OF DISPOSITION  SOUTH 2 Gramation 3 Removal  4 Donation 3 Other (Specify)	from litete (certs	PLACE AND DATE OF	ther physical	18 19 19		cation - city or Perry.	man, Md.
	21. SIGH STORY OF FUNERAL SERVICE VICENS	1/1/000	64/_	HOWA1	AND ADDITES OF FA	mas III Fu Road, Abi	neral H	ome, P.A.
$\neg$	36. PART I. Enter the diseases, or com	plications that ceused	the desth. Do n	not enter the r	node of dying, suc	h as cardiac or reapi	ratory srrest,	Approximats
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respu	rator	y fa	lure			Interval Between Onset and Death
N	Sequentially list conditions,	adva	uced	d em	plus	lua		
CATIC	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF	F):	0 0			
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	5):				
LC	PART II. Other algnificent conditions co	ontributing to death be	ut not resulting i	in the undarly	ing cause given in			Ib. WERE AUTOPSY FINDINGS
DICAL	- Carof	lung.	/			1 YES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M I		<u> </u>				_		t TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATN (Ch	eck only one)		
SIC	EXAMINER?	OSPITAL: Impatient 2 - ER/Outpi	atient 3 DOA	OTHER:	ome 5 - Rasidence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	NJURY AT WORK? YES 2 NO	28d, DESCRIBE NOW II	NJURY OCCURED	
ETED E	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, a	street, factory, of	fica	281. LOCATION (Street a City or Town, State)	and Number or Rure	l Route Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: O	: To the best of my knowl						
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	R.C.	- 16	14.	29c. LICENSE NUN			D (Month, Cay, Year)
9	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DE	ATN (ITEM #7) (Figure,	Print)	<u></u>		- 5/6	4194
			U					
	31. DATE FILED (Month, Day, Year) MAR 25 '94	32 REGISTRAR'S SIGNA	- Handales					
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0
	IN OR ATTENDING DUNCKANI The law requires that the death configure to meaning with

1 -	FOR STATE REGISTRA
1.1	DECEDENT'S N
	Sh

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH
Shreeniwas	R. Tamhane					22, 199		10:40 A
4. SOCIAL SECURITY NUMBER 579-72-9639	6. SEX 6. A	-	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIL (Month, Day,	RTH Year)	8. BIRTI Count	
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY TOWN (	OR LOCATION OF DE		8,1924	UNTY OF D	ndia
Holy Cross Hos				r Spring			tgom	
Maryland Mc	ontgomery		ver Spr					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	-			. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
1503 Windham La				20902				States
1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 V V IF YES, GIVE WAR O	ES 2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Maxica 2 NO Specify	n, Puerto Ricen,	etc.)	Spec	E — American Indian, k, White, etc. hy: an/Indian
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DECEDENT'S U	SUAL OCCUPATION OF BURNING MO	ON .	16b. KIND	OF BUSINESS/IN		,
Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Do NOT use  Executi	retired.)		Docu	mentary	Fil	m Industr
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Sumame)		
Raghunath Tamhar	ie				oai Dal			
19a. INFORMANT'S NAME (Type/Print)		19b, MAILIND A	ADDRESS (Street a	nd Number or Rural I			ip Codel	
Shakuntala Gupte	Tamhane			Lane, Si				0902
On. METHOD OF DISPOSITION		20b. PLACE AND DATE OF				20c. LOCATION -		
□ Burial 2 ☑ Cremation 3 □ Rei	HOVEL HOIT STEELE	cemetery, crematory or other	er place)			Bethesda		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Cara DUE TO (OR /		O. se	912	- 4	WAS AN AUTOPSY PERFORMED? YES 2 🔀 NO	241	Onset and D  HM, y  Z G R O  WERE AUTOPSY FIND  AMAILABLE PRIOR TO  COMPLETION OF CAU  OF DEATH?
Lung Concer								1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
1 ☑ YES 2 ☐ NO	1 Inpetiant 2 X ER/	Dutpetient 3 DOA 4	I ☐ Nursing Hom	e 5 🗆 Residence				
1 Netural 5 Pending	26a. DATE OF INJU (Month, Day, Ye		RY WO	RK?	28d. DESCRIBE	HOW INJURY O	CURED	
2 Accident Investigation	20- 04 400 00 00	IIIIV ALTON		res 2 ND				
3 Suicide 6 Could not be determined	26s. PLACE DF INJ building, etc. (	URY — At home, farm, str Specify)	wet, ractory, offic		281. LOCATION City or Tow	(Street and Numbern, State)	ir or Rurel .	rioute Number,
	BICIAN: To the beet of my k							a) and menner as state
196. SIGNATURE AND TITLE OF CENTIFE	2/			29c. LICENSE NUI	MBER			(Month, Day, Year)
111 01	3,125			0223	09	1 3	3-2	2-94
Phillip W. Poth						Spring,	MD	20903
11. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S							
MAR 2 3 199	guia dei	idson-Aandelle						



BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit	oval.	al examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEGAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN		TIMMINS		2. DATE OF DEATH		3. TIME OF DEATH
	Immins	JOHN F				MARCH 18,	1994	5:54 P.M
		1.00	yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year),	B. BIFT	THPLACE (State or Foreign
	20010 4/4/	M2 DF	5 YRS.	MONTHS DATS	HOUNS WIN.	3/27/2	8 P	NNSYLVANIA
m.	9e. FACILITY NAME (If not institution, give stree	t and number)		9b. CITY, TOWN O	R LOCATION OF DEA	ATH /	9c. COUNTY OF	
DIRECTOR	15313 EMORY L	ANE		Kock	VILLE,	Mp	MONTO	SOMERY
REC	10e. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
	MD MONT	GOMERY	7	OCK VIII	E			1 TYES 2 NO
3AL	10a. STREET AND NUMBER	. 1.1		101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	15313 EMORY	L17.			20853		USit	4.
	1 Never Married 2 Merried	2. WAS DECEOENT EYER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	if yes, spe	city Cuban, Mexicen	IC ORIGIN? (Specify Yee , Puerto Rican, etc.)	Bla	CE — Americen Indian, ck, White, etc.
ВУ	3 Widowed 4 Olvorced	WW TI	ies ,	1 TES	2 NO Specify:		Spe	olly:
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION mpleted)	(Give kind o	'S USUAL OCCUPATIO	N at of working	16b. KIND OF BUS	INESS/INDUSTRY	11.11
J.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)		TRM	7	
NE I	17. FATHER'S NAME (First, Middle, Lest)	HIGH 1-4	MARIKE	FING MI	GR.		ORP.	
	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	limmins			NORH	ME (First, Middle, Meiden S	Surname)	,
BE	19a. INFORMANT'S NAME (Type/Print)	111111111111111111111111111111111111111	19b. MAILIN	IG ADDRESS (Street ar		oute Number, City or Town	State Zin Code)	
2	ALICE P. TIMMIN	NS				CKVILLE, M		53
	20a. METHOD OF DISPOSITION 1  Burlet 2 XX Cremetion 3  Remove		PLACE AND DAT	E OF OISPOSITION (Nat	ne of		CATION — City or	Town, State
	4 Donetton 5 Other (Specify)	ME	TROPOL	ITAN CREM	ATORY	3/21 ALE	XANDRIA	VA
	21. SIGNATURE OF FUNERAL SERVICE LICEN	20	11	22. NAME AN	D ADDRESS OF FAC	RILITY		
	Chartry	1//001	h	FRANCI	S J. COL	LINS FUNER	AL HOME	INC.
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	nplications that caused it only one cause on ea	the death. Do ch line.	not enter the mod	le of dylng, such	as cardiac or respir	atory arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition	000000		000	~0			Onset and Death
J.	reaulting in death)	OUE TO (OR AS A	CONSECUENCE	ANC	ER,			dyromes
X		702 10 (SII NO X	CONSCOULNCE	or).				i '
힏	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury							
TIF	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):				
CERTIFICATION *	d							
AL	PART II. Other algnificent conditions of	contributing to deeth bu	t not reaulting	in the underlying	cause given in F	Part I. 24s. WAS AN /		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DIG				-		1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
M								1   YES 2   NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF BEATH (Cha	of cot cos		
SICI	EXAMINER?	IOSPITAL:	tlant 3 DOA	OTHER:	ACE OF DEATH (Che			
Ή	27. MANNER OF CEATH	26e. DATE OF INJURY	26b. Ti	IME OF 28c. INJU	JRY AT	28d. OESCRIBE HOW IN	JURY OCCUREO	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 TY	ES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, atc. (Specif	At home, ferm	, street, factory, office		261. LOCATION (Street as City or Town, Stete)	nd Number or Rura	Route Number,
ETE	4 Homicide determined							
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIA							
00	2 MEDICAL EXAMINER:	On the basis of examination	and/or investigat	tion, in my opinion, de	eth occured at the 1	lime, date end place, end	due to the cause	(e) and menner ee stated.
BE	266. SIGNATURE AND TITLE OF CERTIFIER	1-1. 11	^		29c. LICENSE NUM	DER /	29d. DATE SIGNE	D (Manth, Day, Ybar)
2	30. NAME AND ADDRESS OF PERSON WHO C	MAN M	TH (ITEM OF C	no Reint)	11318	76	1 3/1.	8/44
*	CAROLIN HENDE	21cks Nin		868 PH	USICIAN	K'INKET	Roci	MuaMa
	31. DATE FILEO (Month, Day, Year)	32. BEGISTRAR'S SIGNA	TURE		7 31001/1	- VTVC	1000	Critic 1-49
	MAR 2 1 1994	Julia Davidson	- Pandel	2-				

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MARKITA CHANDRA GOOTEE - TULL MAR. 11 94 1:30	
MARKITA CHANDRA GOOTEE - TULL MAR. 11 94 1:30  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In viz. loss birthday)   FUNDER 1 YEAR   FUNDER 24 MRS 7. DATE OF BURTH   S. BURTHOU AFE (S.	OF DEATH
	) A .
	itate or Foreign
222-70-0247   1   M2   7   YRS.     MAR. 20, 1986   SEAFURI	D, DE.
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH	
PENINSULA REGIONAL MEDICAL CENTER SALISBURY  PRESIDENCE OF DECEDENT  100. STATE  100. STATE  100. CITY, TOWN OR LOCATION  WICOMICO  WEMAR DELMAR	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS	IDE CITY
MD. WICOMICO DELMAR LIM	ITS?
216 S. PENNSYLVANIA AVE. 21875 USA	
10e. STREET AND NUMBER  216 S. PENNSYLVANIA AVE.  21875  10. STREET AND NUMBER  21875  10. STREET AND NUMBER  21875  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   Yes 2X   NO   11 yes, specify Cuban, Maxican, Puerto Rican, etc.)  12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — Armen Black, White, etc.)	ican Indian,
) DEA	-K
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  2nd.  15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  STUDENT  16. KIND OF BUSINESS/INDUSTRY  ELEMENTARY (DELMAR)  17. FATHER'S NAME (First, Middle, Last)	
Elementary/Secondary (0-12) College (1-4 or 5+) // DELINE ON OT use retired.)	\
2nd. STUDENT ELEMENTARY ( DELMAR 12. FATHER'S NAME (First, Middle, Lest)	<u>,                                      </u>
A MECHANISM AND A CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CON	
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  ROBINA TULL  ADDRESS SAME AS ABOVE.	
20f. METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION (Name of	-
1 Deliver 2 Cremation 3 Removal from State cometery, cremation 5 Other (Specify)	
21. SIGNATURE OF FURIHAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	4.004
21. SIGNATURE OF PUBLICAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 1213 JERSEY ROAD, SALISBURY, MD. 2	1801
23. PART I. Enter the diseases, or complications that caused pla death. Do not anter the mode of dying, such as cardiac or reapiratory arrest,  Ap	proximata
snock, or heart failure. List only one cause on aligh line.	tarval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in dasth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):	
reaulting in death) LAST	
PART if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO	TOPSY FINDINGS LE PRIOR TO TION OF CAUSE H?
PART if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO	LE PRIOR TO TION OF CAUSE H?
PART if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO	LE PRIOR TO TION OF CAUSE H?
PART if. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO	LE PRIOR TO TION OF CAUSE H?
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	1. DECEDENT'S NAME		on R. Turpi	n				2. DATE OF D MONTH	EATH DAY 2 1 - 9 4	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY P 2 16 - 56 -	1614	1 N 2 F a	(In yrs. last	YRS. MONTH	TY, TOWN C	IF UNDER 24 HRS HOURS MIN.	7. DATE OF B (Month, Day	ятн [	Mal	HPLACE (State or Foreign my)
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FUNERAL	.32738 R		h Rd. Pocom			a.			Unit	ed	Stateda
BY	11. MARITAL STATUS 1 Sever Married : 3 Widowed 4 Sever Married :		12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 4M		If yes, sp		PANIC ORIGIN? (Sp Ican, Puerto Rican, Icily:		14. RAC Blac Spec	E — American Indian, k, White, etc. Black
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TO B	19a. INFORMANT'S NAI Helen A		h			ehob	nd Number or Run	al Route Number, Ci	ty or Town, State, Zip	Code)	
	20a METHOD OF OISP	OSITION	20	DE DI ACE A	ND DATE OF DISB	OCITION (A)	ma of	DATE	moke, Md		
	4 Donation 5 0	other (Specify)	trom state	rist	natory or other place	meat	ory	FACILITY P	Pocomo	ke.	Md
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: MEDICAL CE	that initiated events resulting in death)  PART II. Other sign	LAST	d. Tables	but not re	sulting in the	underlying	g cause given		WAS AN AUTOPSY PERFORMED? YES 2 NO	248	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN	25. WAS CASE REFERRENCE EXAMINER?  1 YES 2 NO.		HOSPITAL: 1 Inpetient 2 ER/Ou  18e. DATE OF INJURY (Month, Day, Year)		DOA 4 N	ER: lursing Hom 28c, INJ		e 8 Other (Spe	cily) E HOW INJURY OCC	CURED	
ETED BY	2/ Necident	Pending Investigation  Could not be determined	28a PLACE OF INJUE	TY — At horr	М	10	rES 2 NO	281. LOCATION	(Street and Number In, State)	or Rural	Route Number,
COMPLET	29a. CERTIFIER (Check only one)		SICIAN: To the best of my kno								e) and manner as stated.
TO BE C	29b, SIGNATURE AND T	illy	HO COMPLETED CAUSE OF D	ele	y M		290 LICENSE N	TUMBER 4	29st. DATE	12	2/94

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Prop. Print)
Dr. James Sterling, Main St., Prisfield, Md. 21817

31. DATE FILED (Month, Day, Year)

23 1994

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

Somerset recombes City Id.

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)			TE OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	Elizabeth .	4	nll			March 2		FAR
		SEX 6. AGE (In yrs. les	II birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	2000	BIRTHPLACE (State or Foreign
	E17-07-1417	□ "X □ F 103	YRS. MONT	THS DAYS	HOURS MIN.	4-11-18		lary land
_	9a. FACILITY NAME (If not institution, give street	! and number)	9b.	CITY, TOWN C	R LOCATION OF D		9c. COUNTY	
DIRECTOR	HarrisonHouse 4	30 W.Marker,	ST. S	low H	M III	1.	Word	ester
뿚	10a. STATE 10b. COUNTY		10c. CITY, TOY	WN OR LOCAT	TON			10d. INSIDE CITY LIMITS?
14	Md. Worce	ster	Snow	Hill				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			1	. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
N.		Pocomoke Cit	4		1851			eds State s
	t Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2	NO OF	If yes, spe	ecify Cuban, Maxic	NIC ORIGIN? (Specify Youn, Puerto Rican, atc.)	na or No- 14	. RACE — American Indian, Bleck, White, atc.
BY	3 Mildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 NO Speci	fy:		Specify:
ED	15. DECEDENT'S EDUCATI (Specify only highest grade con		CEOENT'S USUA	L OCCUPATIO	ON	16b. KIND OF BI	JSINESS/INOUS	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ive kind of work d Do NOT use retin	one during mo: ed.)	si of working			
MP	6grade	Domes	tic			House	wo.	rk
8	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Maide		
BE	John Aydelo	tte			Better	Unknown		
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To	wn, State, Zip Co	de)
-	Wilbert Welson		16 Cou	Lbow	rn Rd.	Salisbur	v.Ma.	21801
	20a. METHOD OF DISPOSITION 1 Deurlal 2 Cremation 3 Removal	trom State cemetery, cre	AND DATE OF DIS		me of	1	OCATION City	
C :	4 Donation 5 Other (Specify)	TTTE STATE	Cemet	ery		Poc	omoke	City Md.
	The strangers of resident source been	- /			D ADDRESS OF F	ral Home	P.O.	Box46
	Dans G	Sau	20	New (	Church.	Va - 2341	5	Old State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the S
	23. PART i. Enter the diseeses, or com shock, or heart feilure. List	piloations that caused the det only one cause on each line	offi. Do not les	nter the mo	de of dying, su	ch as cerdlec or res	oiratory arrest	
	IMMEDIATE CAUSE (Finel	. //						intervel Between Onset and Death
	disease or condition resulting in death)	arteriosel	crotic	He	est L	resease		4 yrs
		Octerio-el DUE TO (OR AS A CONSEC Generalege	DUENCE OF):	10	0	_		
8	Sequentielly list conditions,	Reneraleye	d 8)4	hers	reles	part		15 yrs.
Ā	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):					
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):					
CERTIFICATION	resulting in death) LAST		,					į
빙	0							
¥	PART II. Other algnificant conditions of	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th			- Comment	DEDEC	Descen	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	Chance Org	ance Beam				ratia 1 = YES	2 NO	COMPLETION OF CAUSE OF DEATN?
M	Periphera	l Vasen	ear	Dise	apl		*	1 TYES 2 NO
Z	Chrones	anemia						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTI	26. PL	ACE OF OEATN (C	neck only one)		
YSI	1 TES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatient 3	DOA 4 X		5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	RK?	28d. DEŞCRIBE NOW	INJURY OCCUR	ED
ВҰ	2 Accident Investigation	00- 01 405 05 WHITE			ES 2 NO			
8	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street,	factory, office	'	281. LOCATION (Street City or Town, State		Rural Route Number,
ᇦ	29a. CERTIFIER . 🖼					L		
COMPLETE	(Check only 1 DE CERTIFYING PHYSICIAN	N: To the best of my knowledge, de						
8		On the beals of axamination and/or i	nveatigation, in r	my opinion, de	eath occured at the	time, data and place, a	nd due to the co	tuse(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NU	-	29d. DATE SI	GNED (Month, Day, Year)
TO 1	With sell	out hid			D 29	03	3/	20/84
	OR RECORD AND ADDRESS OF PERSON WHO CO				0111100	0 2 0 0	nr.El	110 01017
	GREGORIO M. BE		4421	SttC	11000)	TL. CRI	SHICK	MD 21811
	31. DATE FILED (Month, Dey, Year)  MAD 2.4 1994	32. REGISTAAR'S SIGNATURE	- P					
	MIMIL OF 100	i (/	June	,				

		76	
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician,	etter, "filed in by the funeral director, page 5 should be detached for use as the bunial-train, mation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, illed in by the funeral director, page 5 should be detached for use as the bunal-training per before the bunal-training per per lead to the bunal per properties of the bunal cemation, or removal.	IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL DIVISION

1 - STATE REGISTRAR		OIMIE OF 11	CI		ICATE				MENIAL	REG. NO	C			
1. DECEDENT'S NAME (FI	st, Middle, Last)								2. DATE O		AY	YEAR	3. TIM	E OF DEATH
_Martha		Louis	e		Thor	nso	n			h 22			7:0	) Δ
4. SOCIAL SECURITY NU	IBER 5	. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER		7 DATE OF	E BIRTH		8. BIRTI	PLACE	State or Foreign
578-46-194	3 1	□ M 2 😾 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	4-1-	-1933		Count	ry1	and
9e. FACILITY NAME (If no		t end number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE			9c. COU	HTY OF D	EATH	
Firetower	Pd				1.71						CI	7		
Firetower RESIDENCE OF DI 100. STATE Maryland	CEDENT				wei	come	3	_		_	Una	rles		
10m. STATE	10b. COUHTY			10c, CIT	Y, TOWN O	R LOCAT	ION							SIDE CITY
	Charle	es		We1	.come									MITS? ES 2 X HO
100. STREET AND NUMBER 1258 Firet 11. MARITAL STATUS	R					10t.	ZIP CODE				10g. CIT	IZEN OF		4.5
1258 Firet	Don	a					206	02				USA		
11. MARITAL STATUS		WAS DECEDEN	T EVER IN U.S. AF	RMED	13. V	WAS DECI			IIC ORIGIN?	/Specify Ver	or Ho		E _ Am	ricen Indian,
		FORCES? 1 IF YES, GIVE W	YES 2 X	но	It	yes, spe		n, Mexice	n, Puerto Ric			Blac	k, White	etc.
3 Widowed 4 D	vorced		THE STATE OF			_ 1E3	Y Xuo	Specify				Spec	Bla	ck
15. DI	CEDENT'S EDUCAT	ЮН	18a, DE	CEDEHT'S	USUAL OC	CUPATIO	N		16b. H	(IHD OF BUS	SIHESS/IN	DUSTRY		G/E
Elementary/Secondary	nly highest grade con	College (1-4 or 5 +	life	ive kind of Do NOT u	work done d se retired.)	luring mos	st of workin	g						
7				use V	Vife					Dome	stic			
15. DI (Specify of Elementary/Secondary 7 17. FATHER'S NAME (First,	Middle, Last)						16. MOTH	IER'S HA	ME (First, Mic					
	octor					- 1			l Proc		,			
190 IHEODMANT'S HAME			10	h MAILING	ADDRESS	(Stenot s			Route Number		- 0-4- %	- 0- 4-1		
2 Togonh M	Thompson								elcome					
Joseph M.			20b. PLACE					u we		_				
1 X Burial 2 ☐ Crema 4 ☐ Donetlog 5 ☐ Oth	ion 3 🗌 Ramova	from State	cemetery, cre Mary	matory or o	ther place)	TIOH (Na)	me or	2	DATE		CATION —	-		•
21. SIGNATURE OF TUNE		SEE.	Mary.	Land			D ADDRES		-25-94	t Che.	rcem	ldIII,	MD	
Ly a	110		M00173						Morti	ıarv				
10 km	· Cleu	· cu									te Pi	ls.,	MD	20695
23. PART I. Enter the	diseeses, or com	plicetione that	ceueed the de	eth. Do	not enter	the mod	de of dyl	ng, aucl	h aa cerdia	c or reapl	ratory ar	reat,	10	pproximate
IMMEDIATE CAUSE (F	heert failure. Lis		^											nterval Between
diseese or condition	-		_as	di	n b	el.	WC-4	رهار	m	0 23	1001	_		
resulting in death)	disease or condition resulting in death)  a. Due to (or as a consequence of):  CIRRHOSIS OF LIVER													
z			(	1 D	440	2	21.	05	2	INF	R 1		İ	
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in deeth) LA		DUE TO	OR AS A CONSE	OUENCE O	F):	0	1				(		-	
cause. Enter UNDERL	ring													
CAUSE (Disease or in that initiated events	ury	DUE TO	OR AS A COHSE	DUENCE O	F):									
reaulting in deeth) LA	ST													
5														
PART II. Other eignific	ent conditione c	ontributing to	deeth but not r	_			_		Pert i. 2	4a. WAS AH PERFOR		24b		UTOPSY FINDINGS BLE PRIOR TO
š I ———	1211	MAK		TE	121	-J	OK	CF.	,	YES 2	□ но		OF DEA	ETION OF CAUSE
ž														ES 2 HO
25. WAS CASE REFERRED EXAMINER?  1   YES 2   DAO  27. MANHER OF DEATH														
25. WAS CASE REFERRED EXAMINER?		000000					ACE OF DE	EATH (Che	eck only one)					
1 YES 2 ANO	17	OSPITAL:	ER/Outpstient 3	□ DOA	OTHER 4   Nursi		5 🗆 Re	aldance	6 Other	Specify)				
27. MAHHER OF DEATH		28e. DATE OF		28b. TIM	E OF	28c. IHJL	JRY AT	T		RIBE HOW I	HJURY OC	CURED		
	Pending Investigation	(Month, De	ny, rear)	IN.	M	1 Y	RK? ES 2	HO						
2 Accident	Could not be	26e. PLACE OF	F IHJURY — At ho	me, term,	etreet, facto	ry, office			281. LOCAT	IOH (Street e	and Numbe	r or Rural I	Route Nu	nber.
∐ 4 Homicide	datarmined	building,	etc. (Specify)					İ	City or	Town, State)				
290. CERTIFIER	TIEVILLO BUVOLO.								III S	-				
(Check only one)	TIFYING PHYSICIA													
299. CERTIFIER 1 CE (Check only one) 2 ME	DICAL EXAMINER: C	/n the besie of ex	emination end/or	investigatio	on, in my op	olnion, de	esth occur	ed at the	time, data e	nd place, en	d due to ti	he ceuse(s	) end m	enner as ataled.
29b. SIGNATURE AND TITE	E OF CERTIFIER	(	210	. 0 .			29c. LICE				29d. DAT	E SIGHED	(Month,	Day, Year)
			7	In			D 20	0310			<b>&gt;</b> 7	3 2	4	54
30. HAME AHD ADDRESS	DE DEDSON WHO C		E OF OFATH ATE	M 27) /Type	Print)							+		-
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit.
be need within 72 hours after death with the State Cept. Of regaint and wental hyperic prior to burka, defending.  IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF M		/ DEPAR						GIENE			
	1. DECEDENT'S NAME (First, Middle, Last)								2 DATE OF DE	ATM		3.	TIME OF DEATH
		Trump				_			03	23 DAY	94	EAR	10:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	• • • • • • • • • • • • • • • • • • • •	IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF BIR (Month, Day,	TH	8.	BIRTHPLA Country)	ACE (State or Foreign
1		1 M 2 K F		81 YRS.	MONTHS	DAYS	HOURS	Arred.	Sept. 7	19	12 1	iary)	land
- 1	9e. FACILITY NAME (If not institution, give str	eet and number)			9b. CIT	Y, TOWN	OR LOCATION	ON OF DE			9c. COUNTY		
OR	Avalon Home Inc.					Hag	erst	own		Washington			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			1 40 . 07		OR LOCA							
IR.	111111111111111111111111111111111111111	-1-1		10c, C11									d. INSIDE CITY LIMITS?
	Maryland Wa	ashingtor	1		На		town			_			YES 2 NO
RA						101	, ZIP CODI	_			10g. CITIZEN		T COUNTRY?
FUNERAL	Avalon Home Inc.	12 WAS DECEDEN	EVEN IN U.O.	ADMED	- 10				740		The second second	U.S.	
3	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	NO	13.	If yes, ap	ecity Cube	n, Mexica	NC ORIGIN? (Spec n, Puerto Rican, e	elfy Yes ( NG.)	or No- 14.	Black, W	American Indian, hite, atc.
В	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 🔼 NO	Specify	r:			Specify:	nite
ED	15. DECEDENT'S EDUC		16a.	DECEDENT'S	USUAL C	CCUPATIO	ON		16b. KIND	OF BUSI	NESS/INDUS		1100
Ш	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +	,	(Give kind of life. Do NOT u	work done se retired.)	during mo	st of workin	rg .					
J J	6	0		Hom	emak	er			Her	Но	ne		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle, I	_			
BE C	Harry Bowers						E	11a					
	19a. INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRES	S (Street a	ind Number	or Rural I	Route Number, City	or Town,	State, Zip Co	de)	
5	Tatalovich Funeral	L Home		2205	McMi	inn S	St.	Alig	uippa,	Pen	nsylva	nia	15001
	20g METHOD OF DISPOSITION 1	and from Ctata		CEANDDATE			ime of		DATE 2	Oc. LOC	ATION — City	or Town,	State
- 3	4 Donation 5 Other (Specify)	vai from State	WO C	d Lawn	Cem	eter	У	3-26	-94 A	liqu	ippa.	Pa.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		^	22.	NAME A	D ADDRES	SS OF FA	CILITY Min	nicl	Fune	ra1	Home
	1 SCANT	M	ins	1	4	15 E	. Wi	1son	Blvd.	Has	ersto	wn.	Md. 21740
	23. PART i. Enter the diseases, or co	omplications that	caused the	death Do									Approximate
	shock, or heart fallure. L	ist only one caus	se on each l	ine.			uo o, a,,	ing, odo	i as cardiac or	товрит	atory arross	•	Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition			P	-	6		4.					Onset and Death
	resulting in death) a	DUE TO	OR AS A CON	SEQUENCE O	FI:	7 / '							to me
_				Pres	nme	2							2 -
ERTIFICATION	Sequentially list conditions, if any, leading to immediate		OR AS A CON										
8	cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CON	SEQUENCE O	F):								
E	resulting in death) LAST												
O	DADT ii Other elevidleses conditions	a a manthe value - A a	d- ab 6 a -	. ellened									
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to	death but no	resulting	in the u	nderlyin	g ceuse g	given in	Part I. 24s. W	MS AN A ERFORN		AM	RE AUTOPSY FINDINGS ALLABLE PRIOR TO
ă	Anthroniler Diant male	the con		ander	Dain	سب	۸		10	YES 2	□ NO		MPLETION OF CAUSE DEATH?
M	Diant Mel	with .	men	72					_			1 (	YES 2 NO
ÿ													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	_	ACE OF D	EATH (Ch	ack only one)				
YSI	1 YES 2 NO	1   Inpatient 2		3 🗆 DOA			e 5 🗆 Re	sidence	6 Other (Speci	fy)			
표	27. MANNER OF DEATH  1 Nettural 5 Pending	28e. DATE OF (Month, Da		28b. TIM	E OF IURY	28c. INJ WO	URY AT		28d. DESCRIBE	HOW IN.	JURY OCCUR	ED	
B	2 Accident Investigation				М		ES 2	] NO					
B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At utc. (Specify)	home, lerm,	street, fac	tory, offic	•		28f. LOCATION ( City or Town,	Street en State)	d Number or I	Rural Route	Number,
F	29e. CERTIFIER (Check only												
COMPL	one) 2 MEDICAL EXAMINER	On the bests of ex	amination end/	or investigation	n, in my	opinion, d	eath occur	ed at the	time, date and pla	ece, and	due to the co	evae(s) an	d manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NU	IBER		29d. DATE SI	GNED (Mo	onth, Day, Year)
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$\sim$	30 NAME AND ADDRESS OF PERSON WHO												

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VASANT DATER 334 MILLST MAGRETOWN, MOZITYO 2

32. REGISTRAR'S SIGNATURE MAR 25 1994

BALTIMORE, MARYLAND 21215-0020 retained by the hospital or DIVISION OF VITAL RECORDS, P.O. BOX 68760, The law requires that the death signed by t Heafth and has been s the State of HOSPITAL OR ATTENDING PHYSICIAN: this c After ti

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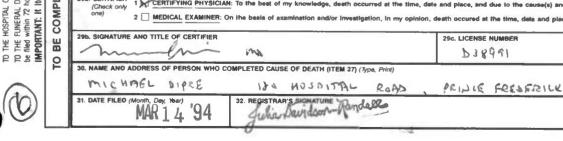
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR THOMAS WALTER 1994 02:50 MARCH 11, ALOYSIUS AM 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAVE 214-26-5273 1 X M 2 - F 67 YRS Oct 4, 1926 Maryland Se. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CALVERT MEMORIAL HOSPITAL PRINCE FREDERICK CALVERT RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d, INSIDE CITY Maryland St. Mary's Leonardtown 1 YES 2 1 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20650 U.S.A. Rt. 2 Box 191 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 2 NO 1 Never Married 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 X Divorced World War II Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Laborer State Highway Administration 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame Mary Louis Alfred Thomas Louise Marshall BE INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 P.O. Box 101, Loveville, Maryland 20656 20a. METHOD OF DISPOSITION
1 3-Burlel 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 Buriel 2 Cremetion — 4 Donation 6 Other (Specify) Md. Veterans Cemetery 3/15/94 Cheltenham, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22 NAME AND ADDRESS OF FACILITY
Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 20650 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. interval Betwe **IMMEDIATE CAUSE (Final** Onset and Death disease or condition MEDATIC ENCEDNALOPATRY resulting in death) 10 days DUE TO (OR AS A CONSEQUENCE OF): CIRRIADSIS CERTIFICATION 400-1 Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING E104 ABUSE 402-3 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? CARBIOMEGALY 1 TES 2 NO MITRAL VALVE APPLACEMENT 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Sinpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO me 5 - Residence 6 - Other (Specify) 4 - Nursing He 27. MANNER OF OEATH 26e. OATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 🗌 Suicide 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be hours after c COMPLETED 4 Homicide 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day Year) BE MARCH 11 , 1994 en D38991 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) mb 30618



FOR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) George Henry Toney 1. Source of EATH MANN (First, Middle, Last) A. SOCIAL SECURITY NUMBER 2.20-16-8352 1. May 2 F 95 Yes.  1. May 2 F 95 Yes.  1. May 2 F 95 Yes.  1. May 3 F MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS HOURS 14 MM. A. MORTHS DAYS	Y NO
George Henry Toney March 8, 1994 2:28 4. SOCIAL SECURITY NUMBER 220-16-8352 1	Y V No
220—16—8352 IX M 2 G F 95 YRS. MONTHS DATE HOURS WHILE ALIGN. Day, Teld 1898 MATTYLAND COUNTY AND (If not institution, give street end number)  St. Mary's Nursing Center  St. Mary's Nursing Center  RESIDENCE OF DECEDENT  100. STREET AND NUMBER  Hewitt Road  10. STREET AND NUMBER  Hewitt Road  11. MANTAL STATUS  10. STREET AND NUMBER  Hewitt Road  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYS 2 ZNO IF YES 2 ZNO IF YES, GIVE WAR OR DATES  13. Macy's Married 2 Merried 2 Merried 2 Merried 2 Merried 3 ZNO IF YES, GIVE WAR OR DATES  15. DECEDENT'S EDUCATION (Give string most of working Merchan, beach of working Merchan, beach of working Merchan for States Agreed of Completed)  16. NOTHER'S NAME (First, Mickin, Last)  Unknown  17. FATHER'S NAME (First, Mickin, Last)  Unknown  18. MOTHER'S NAME (First, Mickin, Last)  Unknown  18. MOTHER'S NAME (First, Mickin, Last)  19. NOTHER'S NAME (First, Mickin, Last)  Unknown  19. NOTHER'S NAME (First, Mickin, Last)  Unknown  19. NOTHER'S NAME (First, Mickin, Last)  Unknown  19. NOTHER'S NAME (First, Mickin, Last)  Unknown  19. NOTHER'S NAME (First, Mickin, Last)  Unknown  19. NOTHER'S NAME (First, Mickin, Last)  Unknown  19. NOTHER'S NAME (First, Mickin, Last)  Unknown  19. NOTHER'S NAME (First, Mickin, Last)  Unknown  19. NOTHER'S NAME (First, Mickin, Last)  Unknown  19. NOTHER'S NAME (First, Mickin, Last)  Unknown  19. NOTHER'S NAME (First, Mickin, Mickin, Surmary)  Richard  Toney  20. PLACE AND DATE OF DISPOSITION (Name of Surmary) Caption Caption City or Town, States  21. Ceclory Caption Catholic Ceme. 3/11/1994 VAlley Lee, Merchan Caption Completed Catholic Ceme. 3/11/1994 VAlley Lee, Merchan Caption Completed Catholic Ceme. 3/11/1994 VAlley Lee, Merchan Caption Completed Catholic Ceme. 3/11/1994 VAlley Lee, Merchan Caption Completed Catholic Cemes. 3/11/1994 VAlley Lee, Merchan Caption Completed Catholic Cemes. 3/11/1994 VAlley Lee, Merchan Caption Completed Catholic Cemes. 3/11/1994 VAlley Lee, Merchan Caption Completed Catholic Cemes. 3/11/1994 VAlley Lee, Merchan Cap	V KNO
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Maryland St. Mary's Valley Lee    106. STREET AND NUMBER   107. ZIP CODE   109. CITIZEN OF WHAT COUNTRY?   1	Ino
Maryland   St. Mary's   Valley Lee   1   Yes 2   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100	lan,
Hewitt Road   20692   U.S.A.	
1   Never Married   2   Merried   FORCES?   1   YES   2   NO   If YES, GIVE WAR OR DATES   1   YES   2   NO   Specify:   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   1   YES   2   NO   Specify:   Black   NO   NO   YES   YES   NO   Specify:   Black   NO   NO   YES   YES   NO   NO   NO   YES   YES   NO   NO   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   YES   Y	
(Che kind of work done during most of working life. Do NOT use retired.)  Farmer  17. FATHER'S NAME (First, Middle, Lest) Unknown  18. MOTHER'S NAME (First, Middle, Maiden Sumame) Mary Richard Toney  196. INFORMANT'S NAME (TyperPrint) Agnes N. Barnes  198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)  Box 125 Piney Point, Maryland 20674  20a. METHOD OF DISPOSITION 1 (X Burlet 2   Crametion 3   Removal from State) 4   Donation 5   Other (Specify)  1 (She kind of work done during most of working life. Do NOT use retired.)  1 (Che kind of work done during most of working life. Do NOT use retired.)  1 (Che kind of work done during most of working life. Do NOT use retired.)  1 (Che kind of work done during most of working life. Do NOT use retired.)  1 (Che kind of work done during most of working life. Do NOT use retired.)  1 (Che kind of work done during most of working life. Do NOT use retired.)  1 (Che kind of work done during most of working life. Do NOT use retired.)  1 (Che kind of work done during most of working life. Do NOT use retired.)  1 (Che kind of work done during most of working life. Do NOT use retired.)  1 (Che kind of work done during most of working life. Do NOT use retired.)  1 (Che kind of work done during most of working life. Do NOT use retired.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  1 (Che kind of work done life.)  2 (Che kind of work done life.)  2 (Che kind of work done life.)  2 (Che kind of work do	
Elementary/Secondary (6-12)   College (1-4 or 5+)   Farmer   Farm	
17. FATHER'S NAME (First, Middle, Last) Unknown  18. MOTHER'S NAME (First, Middle, Maiden Sumame) Mary Richard Toney  190. INFORMANT'S NAME (Type/Print) Agnes N. Barnes  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Box 125 Piney Point, Maryland 20674  20a. METHOD OF DISPOSITION 10 Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Came 3/11/1994 VAlley Lee, Mattingley—Gardiner Funeral Home, P.A. P.O. Box 270 Leoanrdtown, Maryland 2061  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximation and the caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximation and the caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximation and the caused the death.	
Unknown    Mary   Richard   Toney	
Agnes N. Barnes  Box 125 Piney Point, Maryland 20674  20a. METHOD OF DISPOSITION 1 CK Burlet 2 Cremetion 3 Removal from State Carpetery, commetory or other places 4 Donation 5 Other (Specify)  1 SIGNATURE OF FUNERAL SERVICE LICENSEE  22b. PLACE AND DATE OF DISPOSITION (Name of Carpetery, commetory or other places) 22c. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22d. LOCATION — City of Town, State 22	
20b. PLACE AND DATE OF DISPOSITION   OATE   20c. LOCATION — City or Town, State   Campetery, cognetory, cognetory, cognetory or other place   St. Georges Catholic Ceme. 3/11/1994 VAlley Lee, Mathematical Ceme. St. Georges Catholic Ceme. 3/11/1994 VAlley Lee, Mathematical Ceme. St. Georges Catholic Ceme. 3/11/1994 VAlley Lee, Mathematical Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Catholic Ceme. St. Georges Ceme. St. Georges Ceme. St. Georges Ceme.	
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22. NAME AND ADDRESS OF FACILITY Mattingley—Gardiner Funeral Home, P.A. P.O. Box 270 Leoanrdtown, Maryland 206  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximately a such as cardiac or respiratory arrest,  Approximately a such as cardiac or respiratory arrest,  Approximately a such as cardiac or respiratory arrest,  Approximately a such as cardiac or respiratory arrest,  Approximately a such as cardiac or respiratory arrest,  Approximately a such as cardiac or respiratory arrest,  Approximately a such as cardiac or respiratory arrest,	arvla
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to join as a consequence of:  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a consequence of:  Due to join as a conseq	PINDINGS TO CAUSE
25. WAS CASE REFERRED TO MEDICAL  EXAMINER:  HOSPITAL:  QTHER:	
1   YES 2   NO   1   Inpetient 2   ER/Outpetient 3   DOA   Nursing Home 5   Residence 6   Other (Specify)    27. MANNER OF DEATH 1   Netural 5   Pending   Investigation 3   Suicide 8   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be determined   Could not be de	
29e. CERTIFIER (Check only one)  29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ea stated.  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER	
31. DATE FILEO (Month, Day, Year) MAR 1 0 94 May Davidson-Randale	

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ar hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunla-transit to be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF O		WE45	3. TIME OF DEATN
	EDWIN MAHLON TAYLO	)R			02	10	94	8:25P
			F UNDER 1 YEAR	IF UNDER 24 HMS.	7. DATE OF BII (Month, Day,		8. BIRTI- Counti	IPLACE (State or Foreign
	216-18-2443  ¹X ⋅ 2 □ F   75	YRS.	ONTHS DAYS	HOURS MIN.	Dec. 28			vland
	9e. FACILITY NAME (If not institution, give street end number)	9		R LOCATION OF DE			UNTY OF O	EATH
DIRECTOR	KENT & QUEEN ANNES HOSPITAL		CHEST	ERTOWN			KEN	Γ
5	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	40. 0070	TOWN OR LOCAT					
<u>E</u>				ION				10d. INSIDE CITY LIMITS?
	Maryland Kent  100. STREET AND NUMBER	Stil	1 Pond					1 X YES 2 NO
FUNERAL			101	ZIP CODE				WHAT COUNTRY?
N N	12700 Still Pond Road  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.	0.40450	I 40 UNO DEO	21667			J.S.A.	
	1 Never Married 2 Merried FORCES? 1 YES	2 ANO	If yes, spi	ENDENT OF NISPANI ecity Cuben, Mexicen	, Puerto Rican,	atc.)	Black	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATE	8	1 TYES	2X NO Specify:			Whi	ite
	15. DECEDENT'S EDUCATION 16	a. DECEDENT'S US			16b. KIND	OF BUSINESS/III		
EL	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use r	k done during mo etired.)	st of working				
릴	12	Farmer			Fa	rming		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	ME (First, Middle,	Meiden Surname)		
BE C	Mahlon Taylor			Ruby L	eavert	on		
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AL	DDRESS (Street e	nd Number or Rural R			(p Code)	
2	Minnie Bedwell	12700 S	till Po	and Road	Still	Pond	Marzel	and 21667
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from Stata camete.	ACE AND DATE OF	DISPOSITION (Na			20c, LOCATION -		
	4 Donetion 5 Other (Specify)	ry, crematory or other	Cemete:	cy 02-14-	94	Still P	ond	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	11/1	22. NAME AN	ID ADDRESS OF FAC	HLITY		,	7
	William L. King	Lur		Lows - We				
	23. PART I. Enter the diseasea, or complications that caused in	destb. Do not	enter the mo	stertown,	Mary I	and 2.1	620	Approximate
	shock, Dr heart failure. List only one gause on each	1 line		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	it:	CAL	1011	0	0	-	Onset and Daath
H	resulting in death)  a. DUE TO (OR AS A CO	ONSEQUENCE OF):	Cu	in	3	a e		
z	e ev to	11111	0 /	nano me to	in In	11:		j
CERTIFICATION	Sequentially list conditions, if any, leading to immediate			00 , 0	0,) () 00			
S	cause. Enter UNDERLYING CAUSE (Disease or Injury							
E	that initiated events DUE TO (OR AS A CO	ONSEQUENCE OF):						
H	resulting in death) LAST							
	PART II. Other algnificant conditions contributing to death but	not resulting in	the underlying	cause given in F	Part I. 24a.	WAS AN AUTOPS	y 241	WERE AUTOPSY FINDINGS
DICAL			8			PERFORMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_   '0	YES 2 NO		OF DEATH?
Σ					- 1	2 7		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		20 01	ACE OF DEATH OL	-1 -1 -1			
PHYSICIAN: MEI	EXAMINER? HOSPITAL:		THER:	ACE OF DEATN (Che				
Ĭ	1 VES 2 NO 1 Wheelent 2 ER/Outpetle 27. MANNER OF DEATN 26e. DATE DF INJURY	26b. TIME C		e 5 🗆 Residenca 6		cify) E HOW INJURY O	CCURED	
	Natural 5 Pending (Month, Day, Year)	INJUR	Y WO	RK? /ES 2 NO			0001125	
è l	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF INJURY —	At home, farm, stre			28f. LOCATION	(Street end Numb	er or Rural I	Route Number
	4 Nomicide  6 Could not be determined  building, etc. (Specify)				City or Tow	n, State)		
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge	no doub assumed		Taran Marian				
₹	(Check only one)  2 MEDICAL EXAMINER: On the basic of examination er							and manner as stated
	29b. SIGNATURE AND TITLE/OF CERTIFIER							
B	25th Signature and ITTEGOT CENTIFIER	PP 7	11	290 LICENSE NUM	BER /	29d. D/	TE SIGNEO	(Month, Day, Year)
ဥ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	V / /	(V)	WIU	001		1 16	217
	The resulting of the second with a second of Deale	1 (11 Em 27) (1900, Pr	nnj					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU	IRE						
11	FED 22 '94 Julia Davidson-Ran							
H	FEB 27 94							DHMH-15 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR STTENDING PHYSICIAN. The law requires that the death certificate he exercited within
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OF	PHYSIC
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10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely well in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page and with the Strain Dart of Hashh and Merrial Harilan prior to hash mith and Merrial Harilan prior to hash and merrial prior to hash and merrial transition for removal	HE INFRA! DIRECTOR: After this certificate has been signed by the attending physician and completely red in by the three timeral director, page 5 should be detached for use as the burdal-transit permit.
	ithin 72 hours after death with the State Perfor of Health and Merial Modelee Brior to Build. Cremation, or removal

	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND Ce				EALTH DEAT		MENTA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
	Margaret Ann Uglo	Margaret Ann Uglow							0.3			94	12:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH		6. BIRTH	PLACE (State or Foreign
	218-20-0274	66	YRS.	MONTHS	DAYS	HOURS	MHPL.	1-1-	3-28			71and	
_	9a. FACILITY NAME (If not institution, give atreet and number)				9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	EATH
5	7878 Butterfield	Drive			EU	krid	e.				Ral	timo	re
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
HI	Maryland Balt	imore		E.	lkri	dec						_	LIMITS?
FUNERAL	10e. STREET AND NUMBER	TIMOTE		1 17	IKILI		. ZIP CODE	E			10g. CIT	ZEN OF W	VHAT COUNTRY?
	7878 Butterfield	Drive					2122	.7			Uni	ited	States
5	11. MARITAL STATUS		T EVER IN U.S. AR		13.					V? (Specify Ye Rican, atc.)		14. BACE	— American Indian,
BY F	1 Never Married 2 Married  3X Widowed 4 Divorced		MAR OR DATES	10			2 NO			riican, atc.)		Spech	fy:
												Whi	te
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S live kind of Do NOT u	work done se retired.	during mo	on st of working	g	166	. KIND OF BU	ISINESS/IND	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)	omema					,	T	1		
<b>№</b>	17, FATHER'S NAME (First, Middle, Last)	****	I III	ongema	ikei		18. MOTI	IER'S NA		<u>lomema</u> Middle, Maider			
	Richard Warner								Llone				
BE (	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a				ber, City or Tox	vn, State, Zir	Code)	
2	Kenneth B. Uglow			7878	Butt	erfi	e1d	Driv	ze El	lkrida	e MD	2122	7
	20s. METHOD OF DISPOSITION	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of complete company) 20c. I OCATION — City of Town Seets											
	1 Burial 2 Cremation 3 Ramo 4 Donation 6 Other (Specify)	TVIII ITOM State	Gate		leave	en		_		Wh	eator	Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1.40				D ADDRE						
	House.	4. 11	whe							meral			
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate											Approximate	
	ahock, or heart failure. I	ist only Dne ca	use on/each line	1									Onset and Death
	disease or condition	cer	etal 1	Val	WETASTASES)					()			PROTES
	resulting in death)	DUE TO	OR AS A CONSE	OUENCE O	F):		Last		11 25				J. P. MUNT
z		und	everon 1	Drus	un	Ca	LLER	MA					lenknown
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE O	F):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury												
E	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	NF):								
띩	d												
	PART ii. Other algnificent condition	contributing to	death but not i	resulting	in the u	nderiying	g cause :	given in	Part I.	24a, WAS AI	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICAL										1 TYES			COMPLETION OF CAUSE DF DEATH?
MEC													1 _ YES 2 _ NO
ä													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF D	EATH (Ch	eck only o	ne)			
YSI	1 TES 2 NO		ER/Outpetlent 3	DOA			6 5 A	esidence	6 🗆 Othe	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH  Natural 5 Pending	26e. DATE Of (Month, I	F INJURY Day, Year)	26b. TIR	AE OF JURY	28c. INJ WO	URY AT		28d, DE	SCRIBE HOW	INJURY OC	CURED	
BY	Natural 5 Pending 2 Accident Investigation				М		YES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE (	OF INJURY — At he , atc. (Specify)	ome, farm,	street, fac	ctory, offic	•			CATION (Street or Town, State		r or Flural F	Route Number,
COMPLETED	AN CERTIFIER A												
MP	29a. CERTIFIER (Check only one)												
8	2 MEDICAL EXAMINE		examination and/or	investigati	on, In my	opinion, d	leath occu	red at the	time, date	a and place, s	ind due to ti	he cause(s	s) and manner as stated.
BE	291. SHOMATURE AND THE OF CERTIFIER	1. Il	1/1/	1			29c, LIC	ENSE NUI	MBER	)	29d. DAT	E SIGNED	Morth Day Year)
0	30 NAME AND ADDRESS OF PERSON WHI	Mille	M	1)	- D-(-4)		1	16	334	1	-	12	174

32. REGISTRIA'S SIGNATURE
Ficka Davidson-Randall.

MAR 2'5 '94

DHMH-16 Rev 1/89

REGISTRAR				TOATE OF	DEATH	_	REG. NO			
1. DECEDENT'S NAME (First, Middle, LOUIS			V.	ACHON		2. DATE OF DEATH MONTH MARCH 18,1994		YEAR	3. TIME OF DEATN 3:32 A.M.	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.				8. BIRTH	NPLACE (State or Foreign
181-26-8393	1 🗆 M 2 🔀 F	90-	99. YRS.	MONTHS DAYS	HOURS MIN.	Nov	of BIRTN h, Day, Year) 1 3 1	903 904	Count	ding, PA
9a. FACILITY NAME (If not institution, g	esser				OR LOCATION OF D	EATH		9c. COU	NTY OF D	
HOLY CROSS				SILVER	SPRING				MON	Т.
10a. STATE 10b. CO	UNTY	44	10c. CIT	Y, TOWN OR LOCA	TION	-				10d. INSIDE CITY LIMITS?
Maryland Mo	ontgomery	77	K	ensingto	n					1 X YES 2 NO
10e. STREET AND NUMBER		71		10	r. ZIP CODE			WHAT COUNTRY?		
10231 Carroll H					20895				S.A.	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE		<b>⊠</b> NO	If yes, sp	CENDENT OF NISPA Hecity Cuban, Mexic 2 X NO Speci	an, Puerto	Y? (Specify Yea Rican, etc.)	or No-	Spec	E — American Indian, k, White, etc. ify:
15. DECEDENT'S		18a	. DECEDENT'S	USUAL OCCUPATION	ON	166	. KIND OF BU	SINESS/INC		116
(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of Ille. Do NOT u	work done during me se retired.)	ost of working					
12		F	Restau	rant Own	er		Resta	urant	t	
17. FATHER'S NAME (First, Middle, Last)	)			1-1	18. MOTHER'S NA			Surname)		
John Tognetti					Emma	Cico	ni			
19a. INFORMANT'S NAME (Type/Print)					and Number or Rural					
John G. Keller			18004	Sunset	Lake Cou	rt 0	lney,	Mary!	land	20832
20a, METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 1	Removal from State			OF DISPOSITION (Nather place)		DAT		CATION -		
4 Donation 5 Other (Specify)	4 Donation 5 Other (Specify)   Laureldale Cemetery   3/21 Muhlenberg Townsh									Township,
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY JOS GAWLERS SONS INC.  5130 WI AVE NW WASHINGTON, D.C. 20016										
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IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially tlat conditions, if any, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAE EXAMIMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigate 3 Suicide 6 Could not determine determine 2 MEDICAL EXAMIMER?  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIMERS	DUE TO  B. DUE TO  C. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. 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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending the	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as meaning
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ed by the hospital or attend TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

mt. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.
	0.0475.0	E 054711

	1 - STATE STATE OF MARYLAND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATN			
	Edgar Geørge Van Orden		Feb. 16,	1994 8:25 A M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER		7. DATE OF BIRTH (Month, Day, Year)  8. BIRTHPLACE (State or Foreign Country)				
	148-30-3843 1 → R 2 ☐ F 88 YRS. MONTHS  9e. FACILITY NAME (If not institution, give street end number) 9b. CITY,	TOWN OR LOCATION OF DI	June 4,19	905 New Jersey			
DIRECTOR		hurch HIll		Queen Anne's			
2	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN O	R LOCATION		104 INSIDE CITY			
E		ertown	10d. INSIDE CITY LIMITS?  1 TYES X X N				
-	10s. STREET AND NUMBER	10f. ZIP CODE	10	Dg. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL	600 Bowers Road	2162		U.S.A.			
3	11 MADITAL STATUS 12 WAS DECEDENT EVED IN U.S. ADMED 49	MAS DECENDENT OF NISPAI	HC ORIGIN? (Specify Yes or I	No.— 14. RACE — American Indian.			
7	IF YES, GIVE WAR OR DATES 122	f yes, specify Cuban, Mexica		Black, White, etc. Specify:			
	3   Widowed 4   Divorced	****		White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OC (Give kind of work done of	CCUPATION during most of working	166 KIND OF BUSINE	SS/INDUSTRY			
7	Elementary/Secondary (0-12) College (1-4 or 5+)		, , ,				
×	8 Farmer		Agricul ME (First, Middle, Meiden Surr				
ö	Elbert George VanOrden		. Washingto				
BE			Route Number, City or Town, St				
2							
	200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOS			wn, Md. 21620			
	Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   Market   M	Mem Park	2/25 Toto	wa - N.T.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22.1	NAME AND ADDRESS OF FA	CILITY				
			Funeral Ho				
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter		Hill,MD 2				
	shock, or heart fallura. List only orfa cause on each line.	the mode of dying, auc	ii as cardiac or reapirate	Interval Between			
	iMMEDIATE CAUSE (Final disease or condition	1 130	4	Onset and Death			
	resulting in death)  a. Chonic Abstruct  DUE TO (OR AS A CONSEQUENCE OF):	tive pulma	mary diseas	se loyes.			
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<u>ē</u>	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):						
2	CAUSE (Disease or Injury						
E	that initiated events resulting in death) LAST						
CERTIFICATION	d.						
AL C	PART II. Other algnificant conditions contributing to death but not resulting in the un	derlying cause given in	Part I. 24s. WAS AN AUT	TOPSY 24b. WERE AUTOPSY FINDINGS			
<u>র</u>	congestive beart failure		PERFORMET	COMPLETION OF CAUSE			
			1   YES 2	OF DEATH?			
₹ :							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Ch	éck only one)				
Sic	EXAMINER?  1   YES 2   MO	t: sing Nome 5 Natesidence	6 Other (Specify)				
٤١	27. MANNER OF DEATN  26a. DATE OF INJURY (Month, Day, Vear)  28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJU	RY OCCURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation	1 YES 2 NO					
	3 Suicide s Could not be determined 26a. PLACE OF INJURY — At home, farm, street, facts building, etc. (Specify)	ory, office	281. LOCATION (Street and I City or Town, State)	Number or Rural Route Number,			
립	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ti	ime, date end place, end due	to the cause(e) end menner	as stated.			
COMPLETED	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my o	pinion, death occured at the	time, date and place, end du	ue to the cause(e) end menner es stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI		d. DATE SIGNED (Month, Day, Year)			
10 B	hy	033	514	2-17-94			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			21620			
	Dr.Michael Bienenfield Medical B	oldg.Chest	ertown, MD	21620			
11	31. DATE 18 (Month Day Var) J. BEGISTMARIS SIGNATURE June Day doon-Mandelle						
7	101			A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH			

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HOSPITAL 0	UNERAL DIF	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 03 7:05 am m ma 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 232 July 17, 1939 West Virginia HOURS 54 YRS. 9e. FACILITY NAME (If not institution, give 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GENERO MD 10e. STATE 10b. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Abingdon 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL tof. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Birch Avenue #8 21009 USA 11. MARITAL STATUS t2. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ★ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) I YES 2 NO Specify: ВY 3 Widowed 4 Olvorced White COMPLETED 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only high (Give kind of life. Do NOT a Elementary/Secondery (0-t2) College (1-4 or 5+) Operations Research Analyst US-Government 5+ 17. FATHER'S NAME (First, Middle, Last)
Shannon Wilson 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Westerman Belle Bartlett Mary BE Peter R. Steinmetz 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)

18 Bramble Lane, Churchville, Md. 21028 2 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Ferris Crematory 3-25--94 W. Chester, Pa. 4 Donation 5 Other (Specify) 21. SIONATURE OF EDWIRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. Mu 1317 Cokesbury Road, Abingdon, Md. 21009 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** CELL LUNG CANCER The last Ar disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in deeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? t TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO-MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA **EXAMINER?** OTHER: 1 YES 2 NO g Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 260. DATE OF INJURY 26c. INJURY AT WORK? 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO Investigation 2 Accident 26e. PLACE OF INJURY — All home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my kno MEDICAL EXAMINER: On the best CERT ≥94. DATE 29+ LICENSE MINNERS BE PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Dans) 2

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32. REGISTRAR'S SIGNATURE

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11 CATE FILED (Month, Day,

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Year)

5 '94

NO

DHMH-16 Rev 1/89

	FOR STATE REGISTRAR
i	1. DECEDENT'S NAM
	4. SOCIAL SECURITY
	215-38-47

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle DE W	e Lest) Dewitt	White				2.	DATE OF DEATH MONTH DA	Y	YEAR 3. TIME OF DEATH	
								03 19	44 8 45 AM		
	4. SOCIAL SECURITY NUMBER	MONTHS DAYS HOURS MIN (Month, Day, Year)						BIRTHPLACE (State or Foreign Country)			
	213 30 1701 A					Dec. 26 1911 Valley					
œ	9a. FACILITY NAME (If not institution, give street and number)					VN OR LOCATION	OF DEATH	'	9c. COU	NTY OF DEATH	
임	Suburban Hospital				Beth	esda			Mon	tgomery	
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN OR LO	CATION				10d. INSIDE CITY	
	Maryland M	ontgomery		Bei	thesda					1XXYES 2 NO	
M	10e. STREET AND NUMBER					10t. ZIP CODE			10g. CITI	IZEN OF WHAT COUNTRY?	
<u> </u>	9427 Rose Hill	Drive				20817			U.S	.A.	
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merrie	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR		13. WAS	OECENDENT OF I	HISPANIC C	ORIGIN? (Specify Yee		14. RACE — American Indian, Black, White, etc.	
BY	3 📉 Widowed 4 🗌 Divorced	WW II	R OR DATES			YES 2 X NO				Specify:	
	15. DECEDENT	'S EDUCATION	18a. DE	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	INESS/IND	White	
COMPLETED	(Specify only higher Elementary/Secondary (0-12)	st grade completed)  College (1-4 or 5 +)	(Gi	Do NOT us	vork done durine	most of working					
린		5+		Atto	rney			Dept. o	f Jus	stice	
ဂ္ဂ် ဂြ	17. FATHER'S NAME (First, Middle, L	ast)				18. MOTHER	R'S NAME (	First, Middle, Maiden			
BE (	Bennett S. Whi							e Babcoc			
2	194. INFORMANT'S NAME (Type/Prin	nt)	190	. MAILING	ADDRESS (Str	et and Number or	Rural Route	Number, City or Town	, State, Zip	Code)	
- 1	Elizabeth Jane	White					t Ke	nsington	, MD	20895	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 □ Cremetion 3		20b. PLACE A cemetery, crei	MD DATE C	F DISPOSITION	(Name of	- 1	DATE 20c. LOC	CATION —	City or Town, State	
ł	4 Donation 5 Other (Specifical Bignature of Funktial Series		Arling	gton	Nation	al Ceme	tery.	3/24 Arli	ngto	on, Virginia	
	▶ \/ - \	.).1	_	-	Joseph Gawler's Sons, Inc. 5130 WI Ave., N					5130 WI Ave.,NW	
_	ren	en Jen	mer		Wasl	nington,	, D.C	20016			
	23. PART I. Enter the disease shock, or heart for	es, or complications that allure. List only one caus	caused tha de e on each line	ath. Do n	ot entar the	moda of dying	, auch as	cardiac or respli	ratory arr	rest, Approximata Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition	1 +	T. C+	-	. 1					Onset and Death	
H	reaulting in death)	a. Auth	OR AS A CONSEC	DIENCE OF	149					Jeny	
,		b. Cor vi	N 140	4	LOFIST	2. /	11 10	2000		İ	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEC	DUENCE OF	7:	7					
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
=	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEC	DUENCE OF	7):						
CER	rooming in death, exer	d									
J	PART II. Other algolficant con		feath but not re	eaulting i	n the under	ying cause give	en in Pari	1. 24s. WAS AN		24b, WERE AUTOPSY FINDINGS	
EDICA	Stron	Ke						PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
ME										1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			OTHER:	L PLACE OF DEAT	TH (Check o	only one)			
ই ∥	1 YES 2 AND	1 🗆 Inpatient 2 🕏			4 🗆 Nursing	lome 5 🗆 Reeld	-				
	27. MANNER OF DEATH  1 Natural 5 Pendin	28e. DATE OF II (Month, Da)		28b. TIMI INJ	URY	INJURY AT WORK?		d. DESCRIBE HOW IN	JURY OCC	CURED	
à l	2 Accident Investig	gation 28e PLACE OF	INJURY — At hor	me term e		YES 2 N	_	LOCATION (Smort o	nel Mumbur	or Rural Route Number.	
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2	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type,	Print)	10			^		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a flow in by the funeral director, page 5 should be detached for use as the burial-transit pengit.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pengit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A DATE FILED (Month, Day, Year)

MAR 2 2 '94

32. REGISTRAR'S SIGNATURE

MAR 2 2 '94 31. DATE FILED (Month, Day, Year)
MAR 22 '94

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.  bed in by the funeral director, page 5 should be detached for use as the burial-transit permoral.  or remonal.  medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Las		d W	ndso		DATE OF DEATH	9 190	EAR 3. T	IME OF DEATH
	4. SOCIAL SECURITY NUMBER None	5. SEX 8. AGE		UNDER 1 YEAR	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) anuary 2	/	Mary 1	E (State or Foreign
OR	9a. FACILITY NAME (# not institution, given 17130 Nottingham RESIDENCE OF DECEDENT				erlocation of Death		9c. COUNTY	e Geo	rge's
DIRECTOR	10e. STATE 10b. COUN	ce George's		own or Locat					INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		1 000		ZIP CODE	=		N OF WHAT	
FUNERAL	17130 Nottingham 11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	20772 ENDENT OF HISPANIC O	RIGIN? (Specify Ve	Unite		tes merican Indian,
BY	1 XX Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 (X) NO	It yes, sp	acity Cuban, Maxican, Pu 2(X NO Specify:			Specify: White	ite, atc.
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during monthined.)	ON st of working	16b. KIND OF BU	SINESS/INDUS	TRY	
OMP	17. FATHER'S NAME (First, Middle, Last)	0	Farm	er	18. MOTHER'S NAME (		ulture		
BE C	John Russell Win	dsor			Sophia (	Cirliste	r Peac	ock	
2	19a. INFORMANT'S NAME (Type/Print)	-11			nd Number or Rural Route	Number, City or Tox	vn, State, Zip Co	ode) 20	
	Margaret J. Kidw	206	PLACE AND DATE OF	DISPOSITION / NA	nam Road, U	DATE 20c. LC	CATION - CIN	v or Town S	Itata
	1XXBurial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	St	Thomas	Church	Cem. 03-23	3-94 Cr	oom, M	aryla	nd
	MgB/ ark G. Broh	Kaun		THE HU	ID ADDRESS OF FACILITY INTT FUNERA IX 156, WAL	AL HOME,		D 206	04
MOIL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate	OUT TO (OR AS A	ach ilne.		head		Iratory arres	ę, 	Approximeta Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
N: MEDICAL	PART ii. Other significant condition	ns contributing to death b	ut not resulting in t	he underlying	g cause given in Part	24a. WAS AN PERFOI 1 VES	RMED?	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINED?	HOSPITAL:	10	28. PL	ACE OF DEATH (Check o	nly one)			
TED BY PHYSICIAN:	1 FES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28p. PLACE OF HUURY	28b. TIME O INJURY	F 28c. INJ WO M 1 🗆	RK? (ES 2 NO	Describe HOW  S. DESCRIBE HOW  S. DESCRIBE HOW  S. LOCATION (Street, City of Town, Steel  1.4	flee	RED Les Rugal Route	Numbay Men/ha
COMPLETED	one) 2 EDICAL EXAMI	SICIAN: To the best of my know NER: On the basis of examination						sause(a) and	engilly manner as stated.
TO BE	29h. SIONATURE AND TITLE OF CEPTING	Solvefre ON DE	ATH (ITEM 27) (Types, Pri	A	M LICENSE NUMBER	0	Mari	og/	9/1994
1	FUGUES OF PLES	IN GUE TRANS	5009/	Kayl	mch.	J Sp.	The	20%	48
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, sees 5 about be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	examiner must be notified at once.	RTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
	In Noneral director, page 5 should be detached	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by 1 of within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remain
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plage 6 may be entered by the house	r death. Page 6 may be retained by the hosp	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and

	1 - STATE OF MAR	RYLAND / DEP/ CERTI		NT OF H TE OF				HYGIENE REG. NO.	Ē		
	1. DECEOENT'S NAME (First, Middle, Last)	5 1	1 1 4			_	2. DATE OF MONTH			WEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6.		IKE	ER	Jr	- 1000	0.5	10	7 9	74	1400
	236.26-6686 1×M20F	AGE (In yrs. lest birthde	MONTH	DER 1 YEAR IS DAYS	HOURS	MIN.	7. DATE OF I	ay, Year)		Country	
	9s. FACILITY NAME (If not institution, give street and number)	12	9b. CI	ITY, TOWN O	OR LOCATE	ON OF DEAT		52	9c. COUNT		bama
TOR	AAMC		Ann	apoli	s				AAC	o	
DIRECTOR	10a. STATE 10b. COUNTY	10c.	CITY, TOW	N OR LOCATI	ION					T	10d. INSIDE CITY
	MD AACo	-Ar	<del>mapo</del>	lis	Edg	gewat	er				LIMITS?
BAL	10e. STREET AND NUMBER				ZIP CODE				-		HAT COUNTRY?
FUNERAL	1618 Bay Ridge .Rd.	VED IN II S ARMED			21043		1037		USA		
	1 Never Married 2 Married FORCES? 1	YES 2 NO	1.	If yes, spe	ecify Cube	OF HISPANIC in, Maxican, Specify:	C ORIGIN? (S Puerto Ricar	pecify Year n, atc.)	or No-   14	Black,	— American Indian, White, atc.
D BY	3   Widowed 4   Divorced 1942-45					Оргосту.				Specify	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	t6a, DECEDENT (Give kind of life, Do NOT	T'S USUAL of work don T use retired	ne during mos	IN st of workir	ng	16b, KIN	ID OF BUSI	INESS/INDUS	STRY	
PL	Elementary/Secondary (0-12) College (1-4 or 5+)			n Man			Coa	al Mi	ning		
CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	HER'S NAME	E (First, Middl	lle, Maiden S			
BE	Charles Edward Walker Sr					_	ae Aar				- Unitarios
2	190. INFORMANT'S NAME (Type/Print)  Rosa B. Fowler Walker								. State, Zip Co		DGEWATER 21037
	20a, METHOD OF DISPOSITION	20b. PLACE AND DAT	TE OF DISPO	OSITION (Ner		, , , , , , , , , , , , , , , , , , , ,	OATE		ATION - CIT		
	1 Donation 5 Other (Specify)	cemetery, crematory of	ont					-			lle Md
	21. SIGNATURE OF EDNESTAL SERVICE ACCENSEE		2:	HARDE			RAL HO				EY AVE
_	Value of Wonder in		A	NNAPO	DLTS	MD 21	1401				DI AVE
	23. PART I. Enter the diseases, or complications that ca shock, or heart fellure. List only one cause of	ueed the deeth. Do on each ilne.	o not ente	er the mod	de of dyl	ng, such i	as cardisc	or respire	atory arres	it,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0 .	0			0 -	_				Onset and Death
	resulting in death) e. Due to to to	AS A CONSEQUENCE	OF):	of .	T Gas	Con	2				Lange
N	Sequentially list conditions, b. Brace	20 How	rel	fex	leck	a					4 Langs
ATI	if sny, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE	OF):	-3	AS	3.0					1-7.1.8.
FI	CAUSE (Disease or Injury thet initiated events	AS A CONSEQUENCE	OF):	0,	, 4	,	swer.	10-1			1 2000
CERTIFICATION	resulting in death) LAST	\$ Au	the	rosek	Zee	Tel					Yeary
CAL C	PART II. Other significant conditions contributing to dea			underlying	cause ç	lven in Pa	art I. 24r	. WAS AN A			WERE AUTOPSY FINDINGS
	SP. semite tul				euc	10	_	PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDI	section ; rewite	clair	PC	reesle	cerja	ug.	_   "	-			t TYES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL				) (	J					
PHYSICIAN:	EXAMINER? HOSPITAL:	/Outpatient 3 DOA	OTHE	ER:		EATH (Check					
H	27. MANNER OF DEATH 28s. DATE OF INJU	URY 28b. T	TIME OF	28c. INJU WOF	JRY AT		Other (Sp		JURY OCCUP	REO	
BY F	2 Accident Investigation		М	1 🗌 Y	'ES 2 [	] NO					
	3 Suicide 8 Could not be 4 Homicide detarmined 28a. PLACE OF INJ building, atc.	JURY — At home, farm (Specify)	n, street, fe	actory, office		2	City or To	N (Street an wn, State)	nd Number or	Rural Ro	ute Number,
Ē	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my to	becausedoe double occ	and set the	Man data	d release						
COMPLETED	(Check only 1 C CENTIFY ING PHYSICIAN: 10 the best of my in the best of examine)										and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIES	Λ				NSE NUMBE					Month, Day, Year)
10 8	/ttefering H.	0			In	314	1_		1 3	191	24
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (TV	S/S	ATE	R	1.	AK	NA	A H	1 1	LIES/
	31. DATE FILED (Month, Day, Year) MAR 2 2 1994	SIGNATURE School	an R	mda R					)		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	8
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	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in

TO THE be filed

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the libe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMENT (	OF HEA	ALTH A	AND N	MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last)		CE	RIIF	ICATE	OF D	EAII	H	REG. NO	). 		3. TIME OF DEATH
1 3	Harry DeNea	P White	SH						March 19	100/	YEAR	
9	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last	birthday)	IF UNDER 1 1	YEAR #	F UNDER 24	4 HRS.	7. DATE OF BIRTH	1994		10:30P M  IPLACE (State or Foreign
3	579-01-0513	1\( M 2   F	87	YRS.	MONTHS E	DAYS H	OURS	MIN.	Sept. 8	1906	Count	ginia
1	9a. FACILITY NAME (If not institution, give st		- 07		9b. CITY, T	OWN OR I	LOCATION	V OF DE			NTY OF D	~
DIRECTOR	Anne Arundel Medi		r		101 101	Anna				1000.000	0.1 4. 6	rundel
E I	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATION	4					10d. INSIDE CITY
ä	MD Ann	e Arundel			Annay	poli	8					LIMITS?
A P	10e. STREET AND NUMBER						P CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	215 Cape St. Jo	hn Road					21	401			USA	
5	11. MARITAL STATUS	12 WAS DECEDENT	EVER IN U.S. ARI	WED	13. WA	S DECENE			IC ORIGIN? (Specify Ye	s or No—		American Indian, c, White, etc.
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B	3 Widowed 4 Divorced					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ZA INO	проспу.			apeci	" White
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P	10		Bu	ilde	r-Devi	elope	er		l c	onstr	ucti	on
ō	17. FATHER'S NAME (First, Middle, Last)					16	. MOTHE	R'S NAM	AE (First, Middle, Maide	Sumame)		
BE	John A. White						El	iza	Ann Hens	ley		
	19a, INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (S	Street and I			oute Number, City or To		Code)	
2	Harry D. White.	Jr.	5	192	Glena	ate 1	Rd.	Roc	hester, M	ichia	an 4	8306
	20a. METHOD OF DISPOSITION	01.00.299	20h DI ACEA	NO DATE	OC DIEDOCITI	ON Women	nd.		00-14	DOLTION	Otto To	- 01.4
	Donation 5 Other (Specify)	wel from State	Hille	rest	Ceme	teru		3	123/94 A	nnapo	lis.	Maruland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Luth			14	7 Dul	ke o	6 G.	loucester	St.	Anna	Maryland Funeral Home polis, MD
	ahock, pr heart failure. I	DUE TO (0	on each line.	UENCE O	S F):					aratory ar	reat,	Approximate interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	ס) סיל שטם	r As A CONSECURAS A CONSECU	UENCE O	F):	line		Ulc	0~			Unknow
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions  Dive	vti culit	eeth but not re			erlying ce	euse glv	ven in F	Part I. 24a. WAS AI PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 M YES 2 NO
YSICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:		-		ck only one)  Other (Specify)			
ву РН	27, MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	Year)		URY M	C. INJURY WORK?	7	NO	28d. DESCRIBE HOW	INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF I building, etc	NJURY — At hor C. (Specify)	ne, larm, s	street, factory	, offica			28f. LOCATION (Street City or Town, State	and Number )	or Rural R	oute Number,
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BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	3:-1				29	c. LICEN	SE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Colerban D38563 March 21, 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D. Bierbaum, Wayne M.D. 134 Owensville Rd. West River, MD 20788 (410-867-4700) 32. REGISTRAR'S SIGNATURE

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31. TIAR 2 2 1994

COMPLI	29a. CERTIFIER (Check only one)	SICIAN: To the best of my know	owledge, death occurred	at the time, data ar	nd place, and due to	the cause(s) and manner	as stated.	
ETED B	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJUI	RY — At home, larm, strepecify)	et, lectory, office		28I. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Year		Y WORK		and. DESCRIBE HOW INJU	RY OCCURED	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	5 Residence 6			
IAN: MEC								1 🗆 YES 2
EDICAL						PERFORMEI  1 YES 2 P	07	COMPLETION OF DEATH?
L CERT	PART II. Other significant condition	ons contributing to death	but not resulting in	the underlying (	cause given in P	ert I. 24s. WAS AN AUT	TOPSY 24	b. WERE AUTOR
Ē	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	B A CONSEQUENCE OF):					
CATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS	S A CONSEQUENCE OF):					
	disease or condition resulting in death)	DUE TO (OR AS	TATIC R	ENAL	CELL C	Ancino	mA	18
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final	complications that cause. List only one cause on	ed the deeth. Do not each line.	enter the mode	of dying, such	as cardiac or respirate	ory arrest,	Appro Interv Onset
CYCLE	· LE AND	And		147 Du	ke of Gl	oucester S	t. Anno	ipolis,
	4 Donation 5 Other (Specify)	3	Lakemont Co	22. NAME AND	3/2 ADDRESS OF FACE	4/94 David	dsonvil Taulor	Ele. MI
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TO BE	19a. INFORMANT'S NAME (Type/Print)	- Juvius on			Number or Rural Ro	ute Number, City or Town, S	tate, Zip Code)	
E COMPL	17. FATNER'S NAME (First, Middle, Last) William Leed:	Davidson			18. MOTNER'S NAM	E (First, Middle, Melden Sun Lirginia Me	neme)	NE S
APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use i	underwri		Insura	nce	
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DIRECTOR	10e. STATE 10b. COUNT	тү	10c, CITY,	TOWN OR LOCATIO	N			10d, INSIDE
OR	ANNE ATUMUNDE	- MEDICA	LCENTER	ERANGEL ERANGEL	WE CAT	HEORALST	C. COUNTY OF	FRUIN
	2/3 -28-7152 Ba. FACILITY NAME (If not institution, give		WAS.		HOURS MIN.	(Month, Day, Year)	- Ma	ryland
	4. SOCIAL SECURITY NUMBER		irginia We		IF UNDER 24 HRS.	MONTH DAY 0.3 20 7. DATE OF BIRTH		NPLACE (State
						MONTH DAY		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ANDREWS MARKETON ESSI PARKACON CT. WEREN MARKETOTO

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Julia Keindown Bonda 12.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	TMENT OF H	
DECEDENT'S NAME (First, Middle, Lest)				
orence		Worgo		
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		CERTIFIC	CATE OF DEATH	REG. NO	<b>1E</b> ).	
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lorence		Worgo		03/18/94		
4. SOCIAL SECURITY NUMBER  360-22-4883  9a. FACILITY NAME (If not institution, given	1 - M 2 V F 8	2 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.  Bb. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year)	Co	RTNPLACE (State or Foreign untry)
70 Bellerieve DI			napolis		Anne Aru	
10a. BTATE 10b. COU	Arundel	Annapo	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 570 Bellerieve Di	rive		101. ZIP CODE 21401		U.S.A.	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF NISP If yes, specify Cultur, Mexi 1 YES 2 NO Spe	can, Puerto Rican, etc.)	B Si	ACE — American Indian, leck, White, atc.
15. DECEDENT'B E (Specify only highest gn Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during most of working	16b. KIND OF BU	ISINESS/INDUSTR	
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nthony C. Cabin  19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AI	DDRESS (Street and Number or Burn	<u>ne Mikowski</u> al Route Number, City or Tox	vn, State, Zip Codel	
r. Robert Woroo			erleaf Dr.	Arnold	MD	21012
20a. METHOD OF DISPOSITION  Surial 2 Cremation 3 R		206. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c. LI	OCATION - City of	
4 Donation 5 Other (Specify)		cemetery, crematory or othe en Haven	_	BIP GIAD B	urnie. N	ND.
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADDRESS OF	FACILITY 495 Rit	chie Hwy	/ .
	115	Ba	ranco Funeral	Home Seve	rna Park	MD 21146
resulting in death)		4000000	diseem			
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John W. Winte	ns sn.						M. War			
90. INFORMANT'S NAME (Typo/Print) Vilma M. Winter	. A						Number, City of 5 town, 1			403
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hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completally filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		8
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2	0	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR	CI		ICATE O			MENIAL HIGIE			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	Laura Virginia	WOLF					MONTH 2	DAY	944 P	2',25 P "
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	it birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTH		& BIRTH	IPLACE (State or Foreign
	213-16-1362 1 D M 2 📆	. 77	YRS.	MONTHS DAYS	HOURS	MIN.	Dec. 28,	916	Count	ryland
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOW	LOB LOCATIO	N OF DE			NTY OF D	
Œ	Washington County Hospit	al			ersto					NGTON
18	RESIDENCE OF DECEDENT			110;				1	710111	1101011
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LO						10d, INSIDE CITY LIMITS?
1	Maryland Washingto	n	-	lagerst	own					1 TES 2 NO
A	10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
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ВУ		E WAR OR DATES		1 🗆 Y		Specify			Speci	
	15. DECEDENT'S EDUCATION									WILLE
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12	Elementary/Secondary (0-12) College (1-4 or	5+)	PN	o rounda.			Medic	21		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-		I sa MOTH	ED-C NA	ME (First, Middle, Maide			
	Harvey	Kr	idler			da	Pearl		Ruck	holder
BE	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or To			ano ruer
임	William T.Showe, Jr.						lagerstown			)
H	20s. METHOD OF DISPOSITION	20b. PLACE		OF DISPOSITION			DATE 20c. L			
	Type Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Cametery, cre	matory or o	ther place)	Park D	ec.2	25.1994 Wi	Hliam	spor	+,MD 21795
	21. SIGNATURE OF STHEMAL SERVICE LICENSES	1 0000		22. NAME	AND ADDRES	S OF FA	CILITY			
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Н	77747-0110			P.0.1	30x #	348	Williamsp	ort,N	1D 21	795
	23. PART I. Enter the diseases, or complications shock, or heart feliure. List only one	euse on each line	eth. Do i	not enter the r	node of dyli	ng, suci	h ss cardiac or res	piratory en	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition	+ w		/	-0	0	1 -			Onset and Death
	resulting In death) e.	Ne 111	you	ardi	al.	m	facell	en		2days
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CERTIFICATION	Sequentially list conditions, b. Duc.	TO (OR AS A CONSE	VENCE O	n ce	7 0	L	care			yeara
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<u>E</u>	CAUSE (Disease or Injury that initiated events	TO (OR AS A CONSE	DUENCE O	F):						y cara
ᇤ	resulting in death) LAST									-
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EDIC							t □ YES	2 NO		COMPLETION OF CAUSE OF DEATH?
∑	- Kenal Insuffer	cing					_			1 TYES 2 NO
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할	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			OTHER:	PLACE OF DE					
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		, Day, Year)		URY	NJURY AT YORK? YES 2		28d. DESCRIBE HOW	INJURY OC	CURED	
à	Accident investigation 3 Suicide Could not be 28s. PLAC	E OF INJURY — At he	me ferm			NO	28f. LOCATION (Stree	and Number	0	S N
	4 Homicide determined building	ng, atc. (Specify)	, rutti,	street, ractory, or	no.		City or Town, State		r or Hunti P	toute Number,
COMPLET	29a. CERTIFIER									
MP	(Check only CENTIFTING PHYSICIAN: To the best									THE STATE OF
8	MEDICAL EXAMINER: On the basis of	axamination and/or	Investigatio	n, in my opinion	, death occur	d at the	time, data and place, a	ind due to th	he cause(a	) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	/	nar	`	29c. LICE	NSE NUN	BER	29d. DAT	E SIGNED	(Month, Day, Year)
10	W >HO	001	1011	<u> </u>	102	140	50	13	-2	1-73
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	AUSE OF DEATH (ITE	M 27) (Type	Print) My	10	4	11	. /		
	W SHOOK!	עוי	-77	////	137	1	Hager.	Sto	wn	
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## DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Les	)							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF D	EATH
Francis Jos	seph	We	eiland						h 21,		TEAR	9:45	а
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in y	yrs. lest birthday)			IF UNDER		7. DATE	OF BIRTH		8. BIRT	HPLACE (State of	r Foreign
214-05-2477	1 M 2 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.		ry 18.	1912		™ nsylvania	
9a. FACILITY NAME (If not institution, give	atreet and number)	3011		9b. CITY,	TOWN (	OR LOCATI	ON OF D				INTY OF		
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10a, STATE 10b, COUN	TY		10c. Ci	TY, TOWN OF	R LOCAT	TION						10d. INSIDE C	YTE
Maryland St.	Mary's		L	eonar	dto	wn						1 YES 2	□ ZNO
10e. STREET AND NUMBER	1/31				101	f. ZIP COD	E			10g. CI1	TIZEN OF	WHAT COUNTRY	17
Rt. #3, Box 185						206	50			Uni	ted	States	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		NT EVER IN U. 1 YES WAR OR DATE	2 NO	11	f yes, sp		in, Mexic	n, Puerto	N7 (Specify Y Rican, etc.)	'es or No-	Spec		ndien,
15. DECEDENT'S EC	UCATION	16	6a. DECEDENT'S	S USUAL OC	CLIPATIO	ON	-	161	. KIND OF B	I ISINESS /IN		ite	_
(Specify only highest gra			(Give kind of life. Do NOT u	work done di	during mo	ost of working	ng		A KIND OF B	O O INC.	0001111		
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17. FATHER'S NAME (First, Middle, Last)	-		rraues	mail/ U	wile		HER'S M	MF (Flori	Middle, Maide		TIE		_
	Joiland							111	Hea. Sec.		70		
Peter Lawrence V	errand		19h MAH M	O ADDRESS	/Street				toria				_
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Allen B. Weiland		T	Rt. #				Leon						
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4 Donation 5 Other (Specify) 21. SIGNITURE OF FUNERAL METHODS	valor /	_ <u> </u>	. Aloy			ND ADORE			/94	Leona	rdto	wn, Mai	yla
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		within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	notetely filled in by the funeral director, page 5 should be detached for use as the burial-transit
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DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after clearb with the State Dear, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ones.
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IOSPITAL OR ATTENDING PHYSICIAN; The I	UNERAL DIRECTOR: After this certificate highlin 72 hours after death with the State I	ANT: If Item 28 is marked, or Item

STATE OF MARYLAND / DEP	ARTMENT OF H	EALTH AND	MENTAL H	YGIENE
CERTI	FICATE OF	DEATH	R	EG. NO.

	1 - STATE REGISTRAR	STATE OF MARYI		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
-0	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN
	Daniel S	Stephen	Woodland			, 1994	2:30 A W
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) F	INDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTN	8. BIRT	THPLACE (State or Foreign
	213-42-5151	1 M 2 D F	50 YRS. MON	THE DAYS HOURS MIN.	June 8. 1		ryland
	9a. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	
DIRECTOR	P.O. Box 652, F1	ora Corner	Road	Mechanicsvil	le	St. Ma	ry's
REC	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland St.	Mary's	Med	hanicsville			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
삘	P.O. Box 652, Flor	a Corner Road		20659		United	States
ا يَ	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECENDENT OF HIS If yes, specify Cuben, Mex		s or No— 14. RA	CE — American Indian, ick, White, atc.
ВУ	1 Never Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TYES 2 NO Spe		Spe	nelfy:
	15. DECEDENT'S EDU	I I I I I I I I I I I I I I I I I I I					ack
	(Specify only highest grade		(Give kind of work tife. Do NOT use ret	done during most of working	166. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)					
<u> </u>	12 17. FATHER'S NAME (First, Middle, Last)		Construc		Build NAME (First, Middle, Maiden		
				18, MOTNER'S	NAME (First, Middle, Malden	Sumame)	
8	Joseph Daniel Woo	odland		Agnes PRESS (Street and Number or Rui	Cecelia Ha		
၀	Tell Williams						
	Agnes C. Woodland			x 652, Flora			
	1 🖾 Buriel 2 🗆 Cremetion 3 🗆 Rem	novet from State	b. PLACE AND DATE OF DI metery, cremetory or other r	SPOSITION (Name of place)	DATE 20c. LC	OCATION — City or	Town, State
	4 Donation 8 Other (Specify)	toular 10	harles Mem	orial Gardens	3/12 Le	onardto	vn, Maryland
	Jaliani	But	/	Brinsfield		е	
	Edward N. Bri	insfield. Jr.	M00052	P.O. Box 279	9. Leonardt	own. Mar	vland 20650
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not a	ntar the mode of dying, s	uch as cardiac or reap	iratory arrest,	Approximate
	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on	each line.				Interval Batweer Onset and Daet
	disease or condition	CANC	ZF.R C	F LUN	60		
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	1 - 0/10	0/2		
,							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
<b>§</b>	cause. Enter UNDERLYING	C.					
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):				
	resulting in death) LAST	d					
	PART II. Other algnificant condition	no contributing to death	hut ont condition in th	a madashilan assis abas	to Book I as suppose		
₹		ERTENS		a underlying cause given	In Part i. 24s. WAS AP PERFO	RMED?	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
MEDIC	TT Y OF L	EKIEN	TOIA		1 TYES	2 NO	OF DEATH?
E						770	1 TYES 2 NO
Ž							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100	26. PLACE OF DEATH	(Check only one)		
S	1 TES 2 10 NO	1 - Inpetient 2 - ER/Out	tpetient 3 DOA 4	Nursing Nome 8 Resident	ce 6 🗆 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WORK?	29d. DESCRIBE NOW	INJURY OCCURED	
B	1 Natural 8 Pending 2 Accident Investigation			M 1 YES 2 NO			
	3 Suicide 6 Could not be	28a. PLACE OF INJUR building, stc. (Spo	IY — At home, farm, stree ecify)	t, factory, office	281. LOCATION (Street City or Town, State	and Number or Rura	I Route Number,
4	4 Nomicide determined						
7	29a. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of my kno	wledge, death occurred at	the time, data and place, and o	due to the cause(s) and ma	inner as stated.	HIVE T
COMPLETED	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			my opinion, death occured at			(a) and manner as stated.
ပ	296. SIGNATURE AND TITLE OF CERTIFIE		01	29c, LICENSE I			ED (Month, Day, Year)
0 D	\/	- and	gange	D-26064		▶ 3,	
5,,	30. NAME AND ADDRESS OF PERSON WI	HD COMPLETED CAUSE OF D	EATH (ITEM 27) (Type Prin			11	1011
	Vidyasagar Anmangand	32. REGISTRAR'S RIG	Iden Keach Rd	_HOBox 282_Cha	rlotte Hall. N	aryland 1	20622
	MAR 1 6 94	32. REGISTRAN'S SIG	n-Nandable				
	+00.	1					

 (	1	Property 2, 3 should	)	4.4
BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the bural-traper	xaminer must be notified at once.	
F VITAL RECORDS, P.O. BOX 68760	OCIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attention	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnar man the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
I. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

		1 - STATE REGISTRAR	STATE OF M		ITMENT OF H ICATE OF		MENTAL HYGIEN REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
		Carlton Warren Wil		-			March 12		4 2249 <b>м</b>
		2/8 16-8267	5. SEX	6. AGE (In yrs. lest birthday)  6. YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a, BIR	THPLACE (State or Foreign
3 should		90. FACILITY NAME (If not institution, give s		66	9b. CITY, TOWN O	R LOCATION OF DE	ATH 23, 19	9c. COUNTY OF	DEATH
2.3 st	OR	Kent & Queen Anne	's Hospit	al Inc	Cheste	rtown		Kent	
	ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT			I Kerre	10d. INSIDE CITY
73	DIRECTOR	Maryland Ke	nt	Ch		town			LIMITS?
	AL	10e. STREET AND NUMBER	- (		101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
1	FUNERAL	23114 L KOC	14			21620		United	1 States
physic	1727	1t. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1)	YES 2 NO	If yes, spe	cify Cuban, Maxical	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Bia	CE — American Indian, ick, White, etc.
and se	BY	3 Wildowed 4 Divorced	IF TES, GIVE W	IN ON DATES	I I TES	2 NO Specify		Spe	Black
or attend	ETED	15. DECEDENT'S EDUC (Specify only highest grade			VSUAL OCCUPATIO		16b. KIND OF BUS	INESS/INDUSTRY	
III de	IPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	TRUC	K DRi	VCR	Dodd	Trucki	ng Co.
2 6 8	COMPL	17. FATHER'S NAME (First, Middle, Last)	All	177000			ME (First, Middle, Maiden		
を	BE (	<u>l'eston</u>	WILSOI	n		Alice	e Wa	arret	`
s should s should notified	5	19a. INFORMANT'S NAME (Type/Print)	S. Wile	500 709 (	ADDRESS (Street, as	A VO. K	Coute Number, City or Town	n, State, Zip Code)	21729
N S S		20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (Na	me of	DATE 20c. LOC	CATION - City or	Town, State
pe 6 ma irector, ; r must		1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata	cemetery remajory or o	lee C	m, N	ar. 18, 1994	Cheste	Rhun Md.
death. Page tuneral on J.		21. SIGNATURE OF FORERAL SERVICE LIC	ENSEE		22. NAME AN	D ADDRESS OF FAC	BENNIE	Smit	h Funéral
		Xthut.	Trucq		Ser	Vices P.	OBX 168	7 East	on, Md.
In by		23. PART I. Enter the diseeses, or o shock, or heart failure.	omplications that List only one caus	caused the death. Do it e on eech line.	not enter the mod	de of dying, auch	h aa cardlec or respli	ratory arrest,	Approximate Interval Between
		IMMEDIATE CAUSE (Final disease or condition	do	4 745 W	In D. A.		, , ,		Onset and Death
ompletely fille il. cremation, event, the		resulting in deeth)	DUE TO (	OR AS A CONSEQUENCE O	5 Pull	essey &	utolus	_	
and corr burial.	Z	Sequentially liet conditions,	CARI	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF	way An	rest			
be exician a ior to	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (	OR AS A CONSEQUENCE O	F):				
phy ne p	FIC	CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSEQUENCE O	F):				
E S - 0	ERT	reculting in death) LAST	1						
he d Me	CAL C	PART II. Other significent condition	s contributing to	feeth but not resulting	In the underlying	cause given in			Ib. WERE AUTOPSY FINDINGS
that ed to	DICA	Hypentering	Eurepla	lapattery	1 HB/	FOOM	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requires been sign of Heal	MEDI	Les que des	didn,	HO MM	mplis	-e			1 YES 2 NO
law ri las ber Dept. 23 s	AN	O MAR CASE DESCRIPTION TO MEDICAL	•						
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health iMPORTANT. If Item 28 is marked, or Item 23 shows an	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	ACE OF DEATH (Che	- 0 0 -		
YSICIA s certif th the	ЖН	27. MANNER OF DEATH	28a. DATE OF I (Month, Da	NJURY 28b. TIM	E OF 28c, INJU	JRY AT	28d. DESCRIBE HOW IN	NJURY OCCURED	
JG PH ter this ath win	ВУБ	t Natural 5 Pending 2 Accident Investigation	(MONIN, Da)	, rear)	M 1 Y	ES 2 NO			
DR: Af fter de	ED	3 Suicida 8 Could not be 4 Homicide determined	28s. PLACE OF building, a	INJURY — At home, farm, tc. (Specify)	street, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rura	Route Number,
OR AT DIRECT OURS at									
PITAL I	COMPLET			ny knowledge, death occum imination and/or investigation					(a) and manner as stated.
E HOS E FUN d withi	ECC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			D (Month, Day, Year)
THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACT	TO B	(lunen)	MA			82388	9	> 3/19	5/8×
	۴	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE			7	1 4 . 4 .	2	7
		31. OMRTHILED (MONTH POR Year)	52. REDISTRAR	SSIGNATION OF	u tom	ned	2/42	U	
	7	MAK 1 0 94	The way	son-Manage					

E 1 00

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician	ours after death. Page 6 may be retained by the hospital or attending physicial
TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trape filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I in by the funeral director, page 5 should be detached for use as the burial-troor removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
		C	CERTIFICAT	E O	F DEAT	TH		REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AN			
Ţ,	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	10 Marie	3. TIME OF DEATH
	Henry Edwin	Waters Jr.				6 1994	1:50A M
		s. SEX 6. AGE (In yrs. I		ER 1 YEAR IF UNDER 24 H	RS. 7. DATE OF BIRTH		HPLACE (State or Foreign
	162-01-6377 1  9a. FACILITY NAME (If not Institution, give street	13m 2 □ F 82	YRS. MONTHS	DAYS HOURS M	Dec.4,	1911 Bo	wie, MD
E E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		96. CT	y, town or location of Easton	OF DEATH	9c. COUNTY OF C	albot
5	Memorial Hospit	at w rasion				1 -	
DIRECTOR	Maryland Kent		Galena				10d. INSIDE CITY LIMITS? 1 YES 2 V NO
FUNERAL	13886 Swantown P.O. Bo	Creek Rd. E	herwood states	101. ZIP CODE 2 1 6 3 5		U.S.A	WHAT COUNTRY?
B		2. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYPES 2 THE FYES, GIVE WAR OR DATES	ARMED 13	. WAS DECENDENT OF HI	SPANIC ORIGIN? (Specify Your axican, Puerto Rican, atc.) pecify:	Bled	E — American Indian, k, White, etc.
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION 16a. C	DECEDENT'S USUAL	OCCUPATION o during most of working	16b. KIND OF BI	USINESS/INDUSTRY	100000000000000000000000000000000000000
LEI	Elementary/Secondary (0-12)	Coflege (1-4 or 5+)	ite. Do NOT use retired. ta Proce	)	Accou	unting	
COMPL	17. FATHER'S NAME (First, Middle, Last)	2			S NAME (First, Middle, Maide		
ш	Henry Edwin Wat	ers Sr.		Flore		nown)	
TO B	19a. INFORMANT'S NAME (Type/Print) Gertrude B. Wat	ers	P.O.BOX	99 Galer	tural Route Number, City or To 1a, MD 216	35 Code)	
	20e. METHOD OF DISPOSITION 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20b. PLAC cametary, c	E AND DATE OF DISPO	Epis. Cen	3/1/94 KO	ocation - city or to nnedyvi	
	21. SIGNATURE OF FUNERAL SERVICE LICEN				feral Home		
	1760	Dell'	P	OX 235	T	Schaec	h
	23. PART J. Enter the diseases, or con- shock, or heart fallure. Lie	inplications that caused the out only one cause on each lie	death. Do not ante	er the mode of dying,	auch as cardiac or resp	piratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pulmmay en Post Le / Cav		Suspected	e but very	men	Onset and Death
N	Sequentially list conditions, 6.			niver - 1	webstite	3.	syr.
ATIC	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SEOUENCE OF):				· ·
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):				
AL C	PART II. Other significant conditions of	contributing to desth but no	t resulting in the u	inderlying cause give	n in Part I. 24s. WAS A	N AUTOPSY 24	D. WERE AUTOPSY FINDINGS
MEDIC					1   YES	PRMED? 2 D NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	1 (Check only one)		
SIC	EXAMINER?  1 YES 2 NO	108PITAL:	3 DOA 4 N	R: Irsing Home 5 - Reside	nce 8 Other (Specify)		
	27. MANNEB OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	
red BY	2 Accident investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, street, 18	ctory, office	281. LOCATION (Street City or Town, State	t and Number or Rural e)	Route Number,
COMPLET		N: To the best of my knowledge, On the besis of exemination and/o					a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER  DWG d HJWW	٠		29c. LICENSE	NUMBER	/20	(Month, Pay, Year)
	David Smith MD			Factor	MD 21601		31.2
6+	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			PID 21001		
IV	MAR 1 '94	Julia Davids	on-Randalle			1.3	250

DHMH-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CI	ERTIFIC	ATE OF	DEAT	ГН	MENIAL F	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH	_
Elsie Mae Wic	kes						Feb 1	1	199	YEAR	3:05 A	м
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	it birthday) II	UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	нтя	40.		IPLACE (State or Foreign	-
220-01-9761	1 🗆 M 2 🔲 F	80	YRS.	ONTHS DAYS	HOURS	MIN.	9-07-	y, Year)	3 1	Count	ry)	
9e. FACILITY NAME (If not institution, give	street end number)		9	b. CITY, TOWN	OR LOCATION	ON OF DE		TYL	_	NTY OF D	land	_
Meridian Nurs		tor	- 1						100		_	
RESIDENCE OF DECEDENT	Ting Gen	LCI	Centreville Queen						en A	nne's		
10a. STATE 10b. COUNT	Υ .		10c. CITY, T	OWH OR LOCA	TION				10d. INSIDE CITY LIMITS?			
Maryland Ker	at		Chest	ertow	m						1 TES 2 NO	
10e. STREET AND NUMBER					. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?	_
7439 Popular	Ave.				21620	)			11	SA		
11. MARITAL STATUS	12. WAS DECEDEN			13. WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yes		14. RACI	E — American Indian,	-
1 Never Married 2 Merried	FORCES? 1		10		ecify Cube		n, Puerto Ricar	n, atc.)	10000	Blac	K. WORR, MC.	
3 Widowed 4 Divorced					+					орчо	Black	
15. DECEDENT'S EDU (Specify only highest grade	(CATION a completed)	16a, DE	CEDENT'S US	UAL OCCUPATI	ON ast of workin	17	166. KIN	D OF BUS	INESS/INC	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +	·)	Do NOT use re	etired.)								
Secondary 09		Foo	d Pro	cesso	r		Fa	icto	rv			
17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NA	ME (First, Middl					
Johnnie Turne:	r				Mal	ole	Brown	1				
19a. INFORMANT'S NAME (Type/Print)		19	. MAILING AC	ORESS (Street	and Number	or Rural F	loute Number, C	City or Town	, State, Zip	Code)		
Mrs.Claudette	Trusty		39 Po	pular	Ave	Ch	ester	town	n, Ma	aryl	and 2162	20
20a. METHOD OF DISPOSITION 1 Disposition 2 Cremation 3 Rem	and the Contra		AND DATE OF C	SPOSITION (N			DATE				wn, State R. F.	
4 Donation 5 Other (Specify)	oval from State	Hado	metory or other away	Chap]	e	2	/19/				own Md	1
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	3		22. NAME A		S OF FA	CILITY		111	111111111111111111111111111111111111111		$\dashv$
* 3 Lanna	· the	dela		1315	_						AL HOME	
23 PART i Enter the discesse or	compliant that	) ((())		20% C	alve	rt	St.Ch	este	erto	wn , l	Md.21620	_
23. PART i. Enter the diseesea, or shock, or heert feliure.	List only one cau	se on each line	eth. Do not	enter the mo	de of dyl	ng, aucl	n aa cerdlec	or reepli	ratory an	reat,	Approximete Interval Between	en
iMMEDIATE CAUSE (Final disease or condition	~	1					- 10			1 1	Onset and Da	
resulting in death)	o. Ca	(OR AS A CONSEC	220	phray	no		with	9	rup	lete		
	DUE TO	OR AS A CONSEC	DUENCE OF):	1								
Sequentially list conditions,	b. 07	olline	tion									
if any, leeding to immediate cause. Enter UNDERLYING	DOE 10	(OR AS A CONSEC	DUENCE OF):									
CAUSE (Disease or injury	c.	(OR AS A CONSEC	MIENCE OF									
that initiated eventa resulting in deeth) LAST	002 10	OH AS A CONSEC	DENCE OF ):								i	- 1
	d											
PART II. Other eignificant condition	ne contributing to	4	anulaine in a									
		death but not r	sening in t	he underlyln	g ceuse g	Iven In	Part I. 24a	. WAS AN	WTOPSY	24b	. WERE AUTOPSY FINDIN	gs
		deeth but not r	sening in t	he underlyln	g ceuse g	lven in		PERFOR	MED?	24b	. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE	
		deeth but not r	eediting in t	he underlyin	g ceuse g	iven in			MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
		deeth but not r	eediting in t	he underlyln	g ceuse g	iven in		PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
25. WAS CASE REFERRED TO MEDICAL		deeth but not r	eediting in t				10	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0	26. PI	ACE OF DE	EATH (Che	1 [	PERFORI	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA 4	26, PI THER: Nursing Hon	ACE OF DE	EATH (Che	ck only one) 6 Other (Sp	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
EXAMINER?	HOSPITAL:	ER/Outpetlent 3	0	26. PI THER: Nursing Hom F 28c. INJ WC	ACE OF DE	EATH (Che	1 [	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
EXAMINER?  1 YES 2 NO  27. MANNEB OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpatient 2   28m. DATE OF (Month, De	ER/Outpatient 3 INJURY y, Year)	DOA 4	26. PI THER: Nursing Hom F 28c. INA WC M 1	ACE OF DE	EATH (Che	1 [   1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	PERFORI	JURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL: 1   Inpatient 2   28a DATE OF (Month, Da	ER/Outpetlent 3	DOA 4	26. PI THER: Nursing Hom F 28c. INA WC M 1	ACE OF DE	EATH (Che	ck only one) 6 Other (Sp	PERFORI	JURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO	
EXAMMER?  1 YES 2 NO  27. MANNEB-OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined	HOSPITAL: 1   Inpatient 2   28a DATE OF (Month, Da	ER/Outpatient 3 INJURY ny, Year) F INJURY — At ho	DOA 4	26. PI THER: Nursing Hom F 28c. INA WC M 1	ACE OF DE	EATH (Che	1 [   Other (Sp. 28d, DESCRIE	PERFORI	JURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO	
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	1. DECEDENT'S NAME (First, Middle, Leet)  2. DATE OF DEATH MONTH 3  4. SOCIAL SECURITY-NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH									34	YEAR 3	1814
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Particular Peril Suite 4209

32. REGISTRAR'S SIGNATURE whi teviden Andelle

Patricent

DHMH-16 Rev 1/89

MD21044

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the world after death. Page 6 may be retained by the hospital or attending physician.	s after death. Page 6 may be retained by the hospital or attending physicián.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detached for use as the burial-transit per emoval.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	REGISTRAR		CERTIF	<b>ICATE OF</b>	DEATH	R	EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH	
3	William <b>E</b>	•	Wals	sh		монтн 3	2.0	1994	6:55p M	
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF B	INTH	B. BIRTH	IPLACE (State or Foreign	
	217 10 5523	x M 2 □ F 9	) O YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day	7/03	Countr	Md.	
	9a. FACILITY NAME (If not institution, give stree	t and number)		9b. CITY, TOWN (	OR LOCATION OF OR			UNTY OF D		
FUNERALDOMECTOR	Frostburg Hosp	ital Inc	2.	Frost	burg		.00. 10	Alle		
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LOCAT	TION				10d. INSIDE CITY	
E	Md. All	egany			11011			LIMITS?		
2	10e, STREET AND NUMBER	akenth	PF	ostburg	. ZIP CODE		100 0	TIZEN OF V	VHAT COUNTRY?	
E	82 Broadway				21532			J.S.A		
S		2. WAS DECEDENT EVE	ER IN U.S. ARMED						- American Indian,	
	1 Never Married 2 Married	FORCES? 1 Y	res 2 NO	If yes, sp	ecity Cuban, Maxica 2 NO Specify	n, Puarto Rican.	etc.)	Black	c. White, atc.	
B	3 Widowed 4 Divorced			'- 123	TA NO OPECIN	·		Speci	White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	TON moleted)		USUAL OCCUPATION		16b. KINI	OF BUSINESS/II			
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	St Or WORKING					
₽ I	12		Machi	chinist			Railroad	N		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	, Maiden Surname)			
BE	Edward M. Walsh	1			Mary B					
ē	19a. INFORMANT'S NAME (Type/Print)				ind Number or Rural I			Zip Code)		
	Margaret Walsh				Frostbu	rg Md	21532			
į.	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove	I from Stata	20b. PLACE AND DATE of cometery, crematory or of	ther place!		OATE	20c. LOCATION -		(C) (A) (II)	
-	4 Donation 5 Other (Specify)		St. Mary	Cemeter		3/23	Cumberl	and,	Md.	
1	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AN	D ADDRESS OF FA	CILITY				
	John &	fre		Durst	Funeral	Home,	Frostbu	rg. l	íd.	
	23. PAM I. Enter the diseases, or con ehock, or heert fallure. Lis IMMEDIATE CAUSE (Finel	nplicetions thet cause of cause of	used tha death. Do r	not entar tha mo	de of dying, suc	h sa cardisc	or reapiratory s	rreat,	Approximats Interval Between	
	disasse or condition resulting in death)	- Cut	e Cora	hal	Tryth	refi	on		One day	
ERTIFICATION	disasse or condition	DUE TO (OH)	AS A CONSEQUENCE OF	hal H	Infa	Fia	shilu	e	Onaet and Death	
N: MEDICAL CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	Cur M			Infa Cout On grave given in With		WAS AN AUTOPS: PERFORMED? YES 2 000	Z 24b.	Onaet and Death	
DICAL	diasese or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II, Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	rontributing to deat		n tha underlying	Tanfa Court g cause given in Unit	10	PERFORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GENTLY	
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	8	aft	28
	38	OUrs	E
	7	4 within 72 hours after death with the State Degt. of Health and Mental Hygiene prior to burial, cremation, or removal.	STANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event the market avaminate must be notified at once
	ER/	in 7	E
	E	With	TAN
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEP	ARTMENT (	F HEALTH	AND ME	NTAL HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Las	1)	35			2.	DATE OF DEATH		3	. TIME OF DEATH
	Pearl Mae Zile	r					bruary 1	av 6. 19	YEAR 94	06:20 A M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthde			R 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign
1 3	219-74-7686	1 🗌 M 2 💢 F	83 yrs	B. MONTHS D	NYS HOURS	000174.		4. 19		st Virginia
	9s. FACILITY NAME (If not institution, give				WN OR LOCATI	ON OF DEATH	1	9c. COUN	TY OF DEA	
5	Allegany County	Nursing Home		Cumbe	rland			Alle	gany	
DIRECTOR	10s. STATE 10b. COUR	(TY	10c.	CITY, TOWN OR I	OCATION				1	Od, INSIDE CITY
뜸	Maryland All				1				LIMITS?	
	Maryland Allegany Cumberland  100. STREET AND NUMBER 100. CITIZEN OF									2.
ER.	Decatur Street				21502			11	S A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS	DECENDENT (	OF HISPANIC	ORIGIN? (Specify Yes			- American Indian, Whits, stc.
8Y F	1 Never Married 2 Married  3 Wildowed 4 Divorced	FORCES? 1 7			YES 2 XNO		verto Rican, atc.)		Specify:	
	15. DECEDENT'S EL	NICATION .								White
	(Specify only highest gra	ide completed)	(Give kind	T'S USUAL OCCL of work done durk T use retired.)	PATION og most of worki	ng	16b. KIND OF BU	SINESS/INDU	JSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	House				Homema	kiina		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		I nouse	WIIE	18. MOT	HER'S NAME	(First, Middle, Maiden			
BEC	lohn Hogbin				Bet	rtha D	av			
5 B	19s. INFORMANT'S NAME (Type/Print)		196. MAIL	ING ADDRESS (S			e Number, City or Tow	n, State, Zip (	Code)	
-	John D. Ziler		5859	Brian	Drive	Pet	hel Park	, Pa.	151	102
	20a. METHOD OF DISPOSITION  1 X Burist 2 Cremetion 3 Re		20b. PLACE AND DA		N (Neme of		OATE 20c. LO	CATION — C	ity or Town	n, Stata
	4 Donation 8 Other (Specify) 21. BIGNATURE OF FUNERAL SERVICE.		Woodrow	Cemete				Paw,	W. V	/a.
	21. SHUMATURE OF PUMERAL SERVICE	DOCKSEE			ller Fu					
Щ	7.11	m-		Pa	w Paw.	W. Va	25434			
	23. PART . Enter the diseases, o shock, or heart fallun	complications that cause. Liet only one cause or	sed the death. D	o not enter the	mode of dy	Ing, auch a	a cardiac or reapl	ratory arre	at,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0		1						Onset and Death
	resulting in death)	· Kespin	atory	tail	me.					6 months
	_	DUE TO (OR A	S A CONSEQUENCE	E OF):	1 /	20.	DN			
စ်	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR A	S A CONSEQUENCE	E OF):	VI.					
§	cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
E	that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):						
CERTIFICATION	resulting in death) LAST	d								
LC	PART II. Other algnificant conditi	one contributing to deet!	byt not resultin	ng in the under	iying cause	given in Par	t i. 24e, WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
2	C.AD.	C.V.A.	Anem	ia.			PERFOR	IMED?	A	VAILABLE PRIOR TO OMPLETION OF CAUSE
MEDIC		7					. 1 TYES 2	X NO		F DEATH?
-										YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				8. PLACE OF D	EATH (Check of	only one)			
SIG	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 🗆 DO/	OTHER:	Home 5 - Re	esidence 8	Other (Specify)			
PH	27. MANNER OF GEATH	28a. DATE OF INJUR (Month, Day, Year		TIME OF 28-	: INJURY AT WORK?	28	d. DEȘCRIBE HOW I	NJURY OCCI	JRED	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2	NO				
	3 Suicide 8 Could not b	28s. PLACE OF INJU building, etc. (S	IRY — At home, tari pecify)	m, street, factory,	offica	28	f. LOCATION (Street s City or Town, State)	and Number o	r Rural Rou	te Number,
<u>=</u>										
COMPLETED		/SICIAN: To the best of my kn								
00	2 WEOTCAL EXAMI	NER: On the basis of sxamine	tion and/or investig	ation, in my opini	on, death occur	red at the time	, dats and place, sn	d dus to the	csuse(s) s	nd manner sa stated.
BE	296. SIGNATURE AND TITLE OF CERTIF				29c. LICI	ENSE NUMBER		29d, DATE	SIGNED (M	fonth, Day, Yber)
0	V. H. Kaugi	nan			LUI	4.15	U	12.	-16-	44
-	30. NAME AND ADDRESS OF PERSON V				6					
	V. A. Ranjithar	1, IVI.D., 51	Uldtow	n Road	, Cum	berlan	d, MD 2	1502		
	MAR 16	994 32. REGISTAN'S SI	mica-Ra	della.						

3. TIME OF DEATH

36

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

1 YES 2 X NO

Approximate

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

OF DEATH?

29d. DATE SIGNED (Mgnth, Day, Year)

21224

BATIMORE MO

AVAILABLE PRIOR TO COMPLETION OF CAUSE

intarvai Betwean

Onset and Death

8. BIRTHPLACE (State or Formion

Md.

10g. CITIZEN OF WHAT COUNTRY?

USA

21222

9c. COUNTY OF DEATH

REG. NO.

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MON. MILDRED BAISLEY Α. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 215-22-3178 1 M 2 X F 84 4-16-1909 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH Francis Scott Key DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md Baltimore 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 405 S. Old North Point Rd 21224 use as the burial-transit retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 YES 2 1 Never Merried 2 Merried If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify BY 3 😾 Widowed 4 🗌 Olvorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) 6 th Cafeteria Manager Balt. County Schools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) To Roy MaGaha Elain Ahalt BE after death. Page 6 may be retained to by the funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Howard G. Baisley, 1621 Malvern St. Baltimore, Md 21224 pe 20b. PLACEAND DATE OF DISPOSITION (Name of Brethren 20e. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re 20c. LOCATION - City or Town, State DATE must 1 Suriel 2 Cremation 4 Donation 8 Other (Specify) View Church-Pleasant 4/9 Middletown, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ol Connelly Funeral Home of Dundalk 7110 Sollers Pt Rd in by the f the medical 23. PART I. Entar the diseases, or complications that goused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause of each line cremation, or **IMMEDIATE CAUSE (Final** disease Dr condition resulting in death) UROSEASIS completely event, DUE TO (OR AS A CONSEQUENCE OF): to burial. BLADDER CARCINOMA METASTATIC traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING attending physician Hygiene prior CAUSE (Diseasa Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 Mental F Health and Men PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 - YES 2 X NO shows peen PHYSICIAN: Dept 23 certificate has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) State **EXAMINER?** HOSPITAL: OTHER 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 27. MANNER OF OEATH 28e. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED With marked, this 1 Netural 2 Accident INJURY 5 Pending Investigation М 1 YES 2 NO BY After death 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town State) after de 28 Is a Could not be DIRECTOR 4 Homicide COMPLET hours Hem 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and menner ee stated. FUNERAL I H TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 15 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the cause(e) and manner as stated. 29c. LICENSE NUMBER BE 20 94017 ANDREW ANGELIND MP. 30. NAME AND ADDRESS OF RERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

4940 EASTERN AVE

REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

ANDERW ANGELINO MD

31. DATE FILED (Month, Day, Year)

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be seen signed by the attending physician and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item# 9b,10c Per F.H. Film# 710 04/19/94 R.M.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OIAIL OI IIIAIII		ICATE OF	DEATH		S. NO.			
1. DECEDENT'S NAME (FIG. MICHIELE	31nder				2. DATE OF DEA	H 31	1994	SiD5+	
4. SOCIAL SECURITY NUMBER 578 42 4590		E (In yrs. lest birthday) 60 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Y	bar)	Country)	CE (State or Foreign Oklyn, N	
99. FACILITY NAME (If not institution, gh			s. city, town POTOI Bethe	OR LOCATION OF DI MAC SCIA		9c. CO	tgomery	Н	
RESIDENCE OF DECEDENT 100. STATE 10b. COU		10c. CITY	Y, TOWN OR LOCA	TION				I. INSIDE CITY LIMITS?	
Maryland Mc	ontgomery	Be	thesda	M. ZIP CODE		10.00	1 [	YES 2 NO	
10301 Bells Mil	ll Terrace		1"	20854			ted Sta		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexico 3 2 NO Specifi	in, Puerto Rican, e	Ify Yes or No-	14. RACE — Black, WI Specify:	American Indian, hite, etc.	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of wille. Do NOT us	vork done during m retired.)	ON ost of working		vate		astur	
17. FATHER'S NAME (First, Middle, Last) Irving Heiney				18. MOTHER'S NA Rachel	ME (First, Middle, A Aboud	Asiden Surname)			
19a. INFORMANT'S NAME (Type/Print) Albert Binder		196. MAILING Same	address	as #10	Route Number, City	or Town, State, 2	Elp Code)		
20m METHOD OF DISPOSITION 1 Burial 2 Cremetton 3 R 4 Donation 6 Other (Specify)	emoval from State	ob. PLACE AND DATE Of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sentence of the sent			1-1-		- City or Town, Maryla		
21. BIGNATURE OF FUNERAL SERVICE		daean Fen	22. NAME A	ND ADDRESS OF FA S-Pearson alls Chui	CILITY			ara	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)		OM COMP						Onset and Da	
Sequentially list conditions, if any, leading to immediate									
CAUSE (Disease or injury that initiated events resulting in death) LAST	that Initiated events Due TO (OR AS A CONSEDUENCE OF):								
PART II. Other significant condit	ions contributing to deeth	but not resulting i	in the underlyin	g ceuse given in	P	AS AN AUTOPSY ERFORMED? /ES 3/3/3/0	AM COI OF	RE AUTOPSY FINDI RABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL		_	26 F	LACE OF DEATH (Ch	eck only one)				
1 Tes 2 XXO	HOSPITAL: 1   Inpatient 2   ER/O	utpatient 3 DOA	OTHER.	ne 5 XResidence		(v)			
27. MANNER OF DEATH  XX Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year		E OF 28c, IN	JURY AT ORK? YES 2 NO	26d. DESCRIBE		CCURED		
2 Accident Investigation 3 Suicide 6 Could not a determined	26s, PLACE OF INJU- building, etc. (Se	RY — Al home, ferm, a pecify)			281. LOCATION ( City or Town,		er or Rural Route	Number,	
(and and	YSICIAN: To the best of my known intermediate.							d manner se stete	
29b. MGHATURE AND TOLE OF CERTIF	efer m	nD		29c LICENSE NU	MBER			31,1994	
30. NAME AND ADDRESS OF PERSON Peter B. Shere	who completed cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the caus	14816	Physicia	an's Lane	e Rock	ville,	Md. 20	850	
31. DATE FAPR 07 7 199	32 REGISTRADIS SIG	GNATURE GOAL OF			100				

21215-0020	al or attending physician.	for use as the burial-transit permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached ion, or removal.
OF VITAL RECORDS, P.O. BOX 68760	PHYSICIAN. The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
Nd String	TO THE HOSPITAL OF ATTENDING F	TO THE FUNERAL CHEETER After the filed within 72 hours after death

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Linst)	Addie Beckett		2. DATE OF DEATH ADTI1 3, 199	3. TIME OF DEATH 3:3. A
	00 00 00 1	SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH Month, Day, Year) 8-4-1899	BIRTHPLACE (State of Foreign Country)
l R	90. FACILITY NAME (If not institution, give street Maryland Gener	al Hospital	96. CITY, TOWN OR LOCATION OF DE BALTIMO TE	EATH 9c. COUNT	Y OF DEATH
<u>يّا</u>	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY				
DIRECTOR	MD	ioc. City,	Baltimore Cit	У	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1213 Light 5	Freet	212		USA
	1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 TYES 2 TNO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Mexico 1  YES 2 NO Specify	n, Puerto Rican, etc.)	4. RACE — American Indien, Black, White, etc. Specify:
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUCAT	ON 16- DECEMBER OF		19	Apro America
ETE	(Specify only highest grade con		ISUAL OCCUPATION ork done during most of working petired.)	166. KIND OF BUSINESS/INDU	₹TRY
COMPLET	(2)		abox	Face	oky
<b>8</b> 8	17. FATHER'S NAME (First, Middle Last)	clas	18. MOTHER'S NA	ME (First, Middle, Melden Surname)	
BE	19e. INFORMANT'S NAME (Type/Phot)	7 19h MAH ING	AODRESS (Street and Number or Rural	Rgute Number, City or Joyan, State, Zip C	Porto)
일	Bertha ber	1115 2210	9 Ko Ko La	ne #2121	6
ed tan	204 METHOD OF DISPOSITION 1 Burlel 2 Commation 3 Plemous	20b. PLACE AND DATE Of cemetery, cremetory of one		OATE 20c. LOCATION - CI	tyfor Town, State
5	4 Donatton VI Other (Special)  21. SIGNATURE OF FUNERAL SIGNIVE LICEN	1/1	22. NAME AND ADDRESS OF BA	CILITY L	0. 7/1d.
examiner must be notified at once.  TO BE COM	1 Soffey	Willes	Seff Mil	lew / H B	cadway
odica odica	23. PART I. Enter the diseases, or com shopk, or heart failure, List	plications that caused the death. Do not only one cause on each line.	ot enter the mode of dying, suc	h ss cardiac or respiratory street	nt, Approximate
t, the medical	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Congestive Hea	rt Failu <b>r</b> e		Onset and Death
even		DUE TO (OR AS A CONSEQUENCE OF) End Stage Ren			
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF HYPErtension			
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury				
2 III	that initiated avents resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF)	:		
injury, o	PART II Mthertstad Cent conditions	embyingigaeath but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
	Multi-Infarct	Dementia		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2   2				_   "	1   YES 2   NO
A N	25. WAS CASE REFERRED TO MEDICAL		AS DI 100 OC DESTINO		
SICI/	EXAMINER?		26. PLACE OF DEATH (Ch OTHER: 4 \subseteq Nursing Home 5 \subseteq Residence	12 10 10	
marked, or item BY PHYSICI	27. MANNER OF OEATH  1 Notural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	OF 28c. INJURY AT	28d. OESCRIBE HOW INJURY OCCU	RED
<b>≅</b> □	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, term, at building, etc. (Specify)		281. LOCATION (Street and Number of City or Town, State)	Rural Route Number,
PLET	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N. Tarke based on the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		20121021222222222222222	
COMP	onel	N: To the best of my knowledge, death occurred on the beels of examination end/or investigation			
B B	29b. SIGNATURE AND TITLE OF CERTIFIER	hman	29c. LICENSE NUI	200 200	signed (Month, Day, Year) Oril 3, 1994
\$ 2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM 27) (Type). I	d General Hospi	tal 827 Linden	Avenue
	31. DATE APR 077 1994 7.	22. REDISTRAD'S SIGNATURE			
	, L				

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Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 5001 BAUTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION CO ARKVILL permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE ysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit prior to burial, cremation, or removal. 1 9 death. Page 6 may be retained by the hospital or attending physician. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PHO 11. MARITAL STATUS 12. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) 2 ACHINIST notified at once 17. FATHER'S NAME (First, Middle 19b. MAILING ADDRESS (St 2 STACK must be r METHOD OF DISPOSITION Burlai 2 Cremetion 3 -20b. PLACE AND DATE OF DISPOSITION (N 4 ☐ Donetion 5 ☐ Other (Specify) the medical examiner 21. SIGNATURE-OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF LIC. # an MO0677 hours after shook, or hear IMMEDIATE CAUSE (Fine disease or condition Hear resulting in death) traumatic event, requires that the death certificate be executed within DIFE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the mending physician if Wental Hygiene prior to csuse. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL signed by the shows any PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL 2 certificate to the State HOSPITAL: OTHER 1 YES 2 NO OR, ATTENDING PHYSICIAN. Inpatient 2 - ER/Outpatient 3 - DOA ä 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? H M 26b. TIME OF marked. t Natural 5 Pending 1 YES 2 NO BY After 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 90 COMPLETED MECTOR. 4 Homicide 22 detarmined Therm 29a. CERTIFIER TO THE HOSE TO THE FOLKER THE SHAPE

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FOR STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 08:37 P. MARC 994 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday)
YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 21301056 PIENIE 1 M 2 F DAYS HOURS GERMAN 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - Am II yes, specify Cuban, Maxican, Puerto Rican, stc.)
1 ☐ YES 2 ☐ NO Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY ROWN CORK AND DATE 20c. LOCATION tions that caused the death. Do not anter the mode of dying, such as cardisc or respiratory Interval Between Onset and Desth 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 4 Nursing Home 5 Residence 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, dash occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ►MARCH 30, 1994 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GHANDOUR G00 D SAMAR 31. DATE FILED (MONTH, Day, Year)
APR 0 7 1994 32. REGISTRAR'S SIGNATURE 7 1994

BALTIMORE, MARYLAND 21215-0020

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DIVISION	-
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y TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY				DEATH		REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)	TACTICON	-	ממאחם			MONTH		DAY	YEAR	3. TIME	OF DEATH	
CLARIBEL  4. SOCIAL SECURITY NUMBER	JACKSON		BEARD			APRI		4 1	994		45 P	_
240-34-1508	1 🗌 M 2XXF	(In yrs. lest birthde	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	DE BIRTH , Day, Year) -04-08	3	Counti	(V)	CARO	
99. FACILITY NAME (If not institution, give et SUMMIT NURSING I					NSVILLE	EATH			BALT		Œ	
SUMMIT NURSING PRESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY MARYLAND		10c.	CITY, TOWN							LIN	SIDE CITY	
1.8	ALTIMORE				SVILLE ZIP CODE						ES 2 💢 I	10
	CT T			101		220		10g. CI	IZEN OF V		UNTRY?	
6529 REDGATE CIR	12. WAS DECEDENT EVER	DILLO ADMED	100			228				5.A.		
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	2 XNO	13.	If yes, spi	ENDENT OF HISPA Icity Cuben, Mexic 2XXNO Speci	en, Puerto R		s or No	14. RACE Black Speci	k, White,	icen indier etc. ITE	٦,
15. DECEDENT'S EDUC		16e. DECEDEN	T'S USUAL C	OCCUPATIO	)N	16b.	KIND OF BU	ISINESS/IN	DUSTRY			
15. DECEDENT'S EDUC (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify S	College (1-4 or 5 +)	Ilfe. Do NO	of work done T use retired.) MAKER	during mo	st of working		DOME	STIC				
17. FATHER'S NAME (First, Middle, Last) EVANDER JACKSON					18. MOTHER'S NA MINA W	_	liddle, Meider	Surneme)				
190. INFORMANT'S NAME (Type/Print) CLYDE H. HOLLAND (	DIRECTOR FUNERAL	/			nd Number or Rural ROSEBOR					2838	2	
20g. METHOD OF DISPOSITION  1 & Burlel 2 Cremetton 3 Remo 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	CLD	AR" CREE	K BAP	TIST	EMETERY CHURCH			CATION			CAR	
Juneus.	1 0	8	LE	NAME AN	M & RUS	SELL (	C WIT	ZKE I	UNER	AL I	HOMES	
23. PART I. Enjer the diseases, or co ahock, or heart feliure. L IMMEDIATE CAUSE (Final	omplicellons that ceuse List Drily one cause Dri	each ilne.	I.F.	ROY	M & RUS	SELL O	C WIT	ZKE I	UNER	AL I	HOMES	ND le
23. PART I. Enjer the diseases, or canock, pr heart feliure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cause List Drily one cause Dri of Due to (OR AS	each ilne.	I.F.	ROY	M & RUS	SELL O	C WIT	ZKE I	UNER	AL I	HOMES	ND
23. PART I. Enjer the diseases, or canock, pr heart feliure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cause in a cause on a distribution of the cause on a distribution of the cause on a distribution of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	each ilne.	LE 16 Do not ente:	ROY	M & RUS	SELL O	C WIT	ZKE I	UNER	AL I	HOMES	ND le
23. PART I Enter the diseases, or cahock, or heart feiture. If immediate cause inter Undertying CAUSE (Disease or injury that initiated events and cause. Enter Undertying cause. Enter Undertying cause. Enter Undertying cause. Enter Undertying cause. Enter Undertying cause. Enter Undertying cause. Enter Undertying cause. Enter Undertying cause.	DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE	L L L E OF):	ROY S30 E	D ADDRESS OF FAM & RUS	ACILITY SELL  AVE  Ch as card	C WIT	ZKE I	UNER	AL I	HOMES	ND
23. PART I Enjer the diseases, or cahock, or heart feiture. If immediate cause or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE	L L L E OF):	ROY S30 E	D ADDRESS OF FAM & RUS	ACILITY SELL  AVE  Ch as card	C WIT	ZKE I	TUNER SVILI Test,	WERE AN ANALAR COMPLE OF DEAT	POMES  APVT.A  peroximaterval Benset and  utopsy Fin  LE PRIOR T  uton of Cu  H?	ND.  Ie ween Death  Dings 0
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23. PART I Enjer the diseases, or cahock, or heart feiture. It is immediate cause and in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death)  PART II. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  but npt resultir	E OF):  OTHE  A OTHE  TIME OF  INJURY  M	nderlying  28. PL  FR: raing Hom  28. INJ  28. INJ  28. INJ  28. INJ	D ADDRESS OF F.  M & RUSS  TOMONIDSO  de of dying, succ  g ceuse given in  ACE OF DEATH (C)  S S Reeldence  URY AT  RES 2 NO	Part I.	C WITT NIE C lec or resp  24a. WAS AI PERFO 1 YES	AUTOPSY RMED?	TUNERS VILL Test,	WERE AN ANALAR COMPLE OF DEAT	POMES  APVT.A  peroximaterval Be- neet and  utopsy Fin  LE PRIOR T-  uton of Cu-  hr?	ND.  Ie ween Death  Dings 0
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23. PART   Enter the diseases, or cahock, or heart feiture. It is immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death)  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural   Pending investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not resulting  tipertient 3 DOD  28b.  IY — At home, ferrecity)	E OF):  E OF):  OTHE A TIME OF INJURY M  m, street, fec	nderlying  28. Pt. FR: raing Hom  28c. INJ  ctory, office	D ADDRESS OF FAM & RUSS  TOMONIDSOL de of dying, success given in  ACE OF DEATH (C)  S = Reeldence URKY YES 2 = NO	ACILITY SELL  AVE the second Part i.  6 Other 286. DES	24a. WAS AIR PERFO 1 YES (Specify) CRIBE HOW ATION (Street W Town, Stete	N AUTOPSY RMED? 2 NO INJURY OC snd Number	ZUNER  Zeb  Zeb  Zeb  Zeb  Zeb  Zeb  Zeb  Ze	AL F MZ AI IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OIL IN OI	DOMES  APVI. 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29c, LICENSE NUMBER 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Morith, Day, Year)

4-5-94 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) at merille us 100 32. REGISTRAT'S SICHATURE 31. DATE FILED (MONTH). Day, Year)
APR 0 7 1994

DHMH-16 Rev 1/89

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	REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.		
1. D	Clarence		Beads			2. DATE OF D	DAY	YEAR	3. TIME OF DEATH
4. S	OCIAL SECURITY NUMBER	5. SEX 8. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	30	94	1150
2	16-32-0023	14 M 2 □ F		NTHS DAYS	HOURS MIN.	(Month, Day,	1/37	8. BIRTH Countr	PLACE (State or Foreign) MD
	FACILITY NAME (If not institution, give s		1	CITY, TOWN OF	R LOCATION OF OE	ATH no	9c. CO	UNTY OF D	EATH
DIRECTOR 100.	SIDENCE OF DECEDENT	PITAL CEI	NTET !	Dalti	More	18/6	K,		
10a.	STATE 106. COUNTY		10c. CITY, T	OWN OR LOCATI	ON				10d. INSIDE CITY LIMITS?
	MD		BAL'	rimore					1 K YES 2 N
HA 100.	STREET AND NUMBER				ZIP CODE				VHAT COUNTRY?
	328 SIDNEY AVE	12. WAS DECEDENT EVER IN	IIIS ADMED		1230	UC ODIONIS (D-		S.A.	
à 3 □	Never Married 2 🔀 Married  Wildowed 4 🗌 Divorced	FORCES? 1 YES	2 X NO	If yes, spe-	city Cuban, Maxica 2 X NO Specify	n, Puello Rican,		Speci AFR.	— American Indian s, Whita, atc.
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US	done during mos		16b. KIND	OF BUSINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	itired.)					
¥   75	12 ATHER'S NAME (First, Middle, Last)		INSPEC	TOR	40 1400015010 144		AMAR PLA	ASTIC	CO.
S III	CLARENCE BEADS				DORA B		maiden Surname)		
190	INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street an	d Number or Rural F		ty or Yown, State, Z	ip Code)	
2 (	CALLIE BEADS				VE BALTO				
200	METHOD OF DISPOSITION	oval from State	. PLACE AND DATE OF C	ISPOSITION (Nan			20c. LOCATION -	- City or To	wn, State
4 🗆	Doneslarr 8 Office (School)		T. ZION G	EM	4/5/9		BALTO	. MD	
1	HOMATURE OF FUNERAL BERVICE LIC	EMSEE /		ESTEP	BROTHER	S FUNE	RAL HOME	E P.A	
1	· Aug un	11.76.10	1/2	1300	EUTAW PL	ACE BA	LTO. MD	2121	
23.	PART I Enter the diseases, or o	complications that caused List only one cause on e	the death. Do not	enter the mod	le of dying, sucl	ea cerdiac d	or reapiretory a	rreat,	Approximat
dis	SEDIATE CAUSE (Final ease or condition afting in death)	DUE TO (OR AS A	consequence of:	Ade	no Cor	cenor-	. Hom	early	Onset and
CAL CAL the	quentially list conditiona, ny, leading to immediate use. Enter UNDERLYING USE (Disease or Injury t initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF):	us o	NG (Nr.				igr
	uiting in death) LAST	d							
	RT II. Other algnificent condition	s contributing to death b	ut not resulting in t	he underlying	ceuse given in	Part I. 24a.	WAS AN AUTOPSY	24b	WERE AUTOPSY FIN
EDICAL							PERFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
- ME						_			1 YES 2 NO
<u> </u>	MAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PLJ	ACE OF DEATH (Che	ck only one)			
ĭs	1 TYES 2 NO	1 Inpatient 2 ER/Outp	atlant 3 DOA 4	☐ Numing Home	5 🗆 Residence				
ā ,	Natural 5 Pending	(Month, Day, Year)	28b. TIME O	WOR		28d. DESCRIB	E HOW INJURY O	CCURED	
	Accident Investigation Suicide 8 Could not be	28e. PLACE OF INJURY	At home, ferm, street			28f. LOCATION	(Street and Number	er or Rural F	loute Number.
	Homicide determined	building, etc. (Spec	eny)			City or Tow	n, State)		
290.	CERTIFIER Check only	CIAN: To the best of my know	ledge, death occurred a	t the time, data a	and place, and due	to the cause(=)	end manner as et-	eted.	
		R: On the beals of examination							) and manner as ata
ш 296.	SIGNATURE AND VITUE OF CERTIFIEF				29c. LICENSE NUM				(Mgnth, Day, Year)
	1the	llen	_		D705	55	-	3/30	194.
	AME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pri	nt)					
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•	TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the host	THE THE FORM DIRECTOR: After this certificate has been signed by the attending process and completely filled in by the funeral director, page 5 should be detached	personant in the State Dept. of Health and Mental Hygiene price to the state Dept. of removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other trainments event, the predical examiner must be notified at once.	١
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND I	MENTAL HYGIEN	E	
	t. DECEDENT'S NAME (First, Middle, Last) RAYMOND BLACK					2. DATE OF DEATH MONTHPRIL 2	, 1994	3. TIME OF DEATH 12;40 A M
	251-09-9668	<b>A</b> M 2 □ F		UNDER 1 YEAR OTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/1/1906		S.C.
OR	99. FACILITY NAME (If not institution, give street MARYLAND GENERAL		96		IMORE	EATH	9c. COUNTY OF BALT:	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD			OWN OR LOCAT				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 911 LEADENHALL ST	ADT FOR	BAI		ZIP CODE 21225			t X YES 2 NO
Y FUNERAL	11. MARITAL STATUS 12 1 Never Merried 2 Merried	. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yee in, Puerto Rican, etc.)	Bla	A .  CE — American Indian, ck, White, etc.
TED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUCATI (Specify only highest grade com	WWII	18e. DECEDENT'S USL	IAL OCCUPATIO	N .	16b. KIND OF BUS	AFR	.AMERICAN
COMPLETED	UNKNOWN	college (1-4 or 5+)	LABOREF			BLACKT	OP	
BE CO	17. FATHER'S NAME (First, Middle, Lest)  JAMES BLACK				MARY I			
2	190. INFORMANT'S NAME (Type/Print)  JESTINE HAMELTON		1			Route Number, City or Town		
	20a METHOD OF DISPOSITION 1 April 2 Cremetion Removal 4 Donation 5 Other (Specify)	2 / G/	PLACE AND DATE OF D STERY Cremetory of other ARRISON FO	REST C	EM 2	1/11/94 OW	INGS MI	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
	21. SIGNATURE OF FUNERAL SERVICE DE N	1 Sull		ESTER		RS FUNERAL LACE BALTO.		
1	23. PART I. Enter the disceases, or community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the community of the comm	COPD C	the spath. Do not child.	enler the mo	da of dying, auc	h aa cardlec or reapl	ratory arreal,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):					
AL.	PART II. Other significent conditions co	ontributing to death bu	ut not reculting in the	ne underlying	j ceuse given in	Pert I. 24e. WAS AN PERFOR 1 YES 2	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL							1 YES 2 NO
ທ ∥	EXAMINER?	OSPITAL:		THER:	ACE OF DEATH (Ch 5 ☐ Residence	6 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	JRY AT RK? 'ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCUREO	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	At home, ferm, stree ify)	t, factory, office		28f. LOCATION (Street e City or Town, Stefe)	nd Number or Rural	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DEPARTMENT OF MEDICAL EXAMINER: O	n: To the best of my knowle						(e) end menner as stated.
O BE	100	sho, nu	1		29c. LICENSE NUI	MBER	29d. DATE SIGNE	O (Month, Day, Year)
	3d. NAME AND ADDRESS OF PERSON WHO CO DR. EMMANUEL GU	ERRERO M.D.	CO MARY	LAND G	ENERAL H	OSPITAL		
/ 4	31. DATE FILED (Month, Day, Year) APR 0 7 1994	32. PEGISTRAR'S SIGNA	NTURE N-Pandell					

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	at arrestment payerCIAN. The law requires that the death certificate he executed within
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OF VITAL RECORDS, P.O. BOX 68760.  BALTIMORE, MARYLAND 21215-0020  HYDICAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the State Dept. of Health and Mental Hygiene prior to burial, crematic event, the medical examination are notified at once.
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1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN					
1. DECEDENT'S NAME (First, Middle, Last  NELLI E	BROU	un .		2. DATE OF DEATH	2 98	3. TIME OF DEATH  O 130 A			
4. SOCIAL SECURITY NUMBER 220-36-5260	1 □ M 2 😾 F	93 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 9/28/19	00	BIRTHPLACE (State or Foreign Country) MD			
FRANCIS SCOTT K			TY, TOWN OR LOCATION OF D LTIMORE	EATH	9c. COUNTY	OF DEATH			
10e. STATE 10b. COUN	тү		10c. CITY, TOWN OR LOCATION BALTIMORE						
10e. STREET AND NUMBER		Dilli	10f. ZIP CODE 10g. CITIZEN OF V						
1701 EUTAW PLACE	12. WAS DECEDENT EVER II	N U.S. ARMED	21217 3. WAS DECENDENT OF HISPA	U.S.A. a or No.— 14. RACE — American Indian,					
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 X NO	If yes, specify Cuben, Mexic  1 YES 2 ND Speci	an, Puerto Rican, etc.)		Specify: FR. AMERICAN			
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 8+)	life. Do NOT use retire	ne during most of working 1.)	16b, KIND OF BU	JSINESS/INDUST	TRY			
UNKNOWN  17. FATHER'S NAME (First, Middle, Last)		RETIRED/	SALES PERSON		ALES				
JOHN BROWN			GERTIE	RROWN	n Surname)				
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street end Number or Rural		wn, State, Zip Coo	de)			
RUTH LOGAN		3706 PAI	RK HEIGHT AVE	BALTO. MD	21215				
21. SIGNATURE OF PUNERAL SERVICE 1	CENSER!	/	2. NAME AND ADDRESS OF FA ESTEP BROTHE 1300 EUTAW P	RS FUNERAL LACE BALTO	. MD 2	P.A. 1217			
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	ACONSEQUENCE OFI:	Jule Co	olitis		Interval Batwee Onset and Deal			
PART II. Other eignificent condition  Profess M  Hyperkal	one contributing to death b	out not resulting in the	underlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES ND			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	patient 3 DOA 4 DI	26. PLACE OF DEATH (C	Walter III					
27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
2 Accident investigation 3 Suicida 8 Could not be 4 Homicide datermined	26s. PLACE OF INJURY	— At home, larm, street,		281. LOCATION (Street City or Town, State		Rural Route Number,			
onei	SICIAN: To the best of my know NER: On the basis of exeminatio					ause(e) and manner se stated.			
296, 96 STURE AND TITLE OF CERTIFIE	MD - HOUSE	STARF PHY	29c. LICENSE NU	MBER	29d. DATE SI	SNED (Month, Day, Year)			
30. NAME AND ADDRESS BEFERSON W	FN) 4940	(IIEM 21) (Type Print)	1 A . 1	3altimo	20 X/1	1 2/22/			

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1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Leat)  1. DECEDENT'S NAME (First, Middle, Leat)  2. DATE OF DEATH MONTH  APRIL 3 1994  5:20									
	4. SOCIAL SECURITY NUMBER 212-24-9308	1 🗆 M 2 🛛 F	8 7 vrs.	MONTHS	DAYS HOURS MIN.	7. DATE OF (Month, Di 8/26	BIRTH ny, Your) 5/06	8. BIRTHPI Country) Mary		
TOR	90. FACILITY NAME (If not institution, give St. Agnes Hospit				own on Location of C	DEATH		NTY OF OE		
DIRECTOR		timore		TY, TOWN OR Arbutus				1	Od. INSIDE CITY LIMITS?	
FUNERAL	1234 Popular A				101. ZIP CODE 21227		1 1 2 2	S.A.	AT COUNTRY?	
BY	1 MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 . NO	It y	es, specify Cuben, Mexic	SPANIC ORIGIN? (Specify Yee or No— exican, Puerto Rican, etc.) pecify:  14. RACE — American Indian, Black, White, etc. Specify: White				
BE COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16e. DECEDENT' (Give kind of life. Do NOT)	f work done dun use retired.)	UPATION ing most of working	16b. KIND OF BUSINESS/INDUSTRY  OWN home				
	17. FATHER'S NAME (First, Middle, Last)  John S. Rice		AME (First, Midd	lle, Meiden Surneme)						
TO B	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stefa, Zip Code)									
	Gladys Brown  20e. METHOD OF DISPOSITION  1 & Burlel 2 Cremetion 3 Red 4 Donetion 5 Dither (Specify)	POSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or To								
j	Memorial Park 4// Dolsey, Malyland  Memorial Park 4// Dolsey, Malyland  Memorial Park 4// Dolsey, Malyland  22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home  1328 Sulphur Spring Rd. Arbutus, MD 212									
CERTIFICATION	disease or condition resulting in death)  a. Se btic Shock  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  a. Se btic Shock  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. Province of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditio									
: MEDICAL	Chronic Kenal Joilure, 1 TYES 2/2 NO OF DEATH?							WAILABLE PRIOR TO COMPLETION DF CA		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	adoption 2 DOA	OTHER:	26. PLACE OF DEATH (C					
ву РНУ	27. MANNER OF DEATH  1. Natural 5 Pending	26e. DATE OF INJUR (Month, Day, Year	Y 28b. TI	ME OF 26	g Home 5  Residence Sc. INJURY AT WORK? 1 YES 2 NO	1	BE HOW INJURY OC	CCURED		
	2 Accident Investigation 3 Suicide 6 Could not be determined 266. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  266. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street								ute Number,	
L 1	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated.									
	(Check only one) 2 MEDICAL EXAMIN	NER: On the basis of examina				e time, date and	d place, end due to t	the cause(e)	and manner se sta	
TO BE COMPLET	(Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE  A HOUSE  30. NAME AND ADDRESS OF PERSON W	HER: On the basis of examina	Resident	in RA	29c. LICENSE NU	IMBER	29d, DA		Horith, Day, Year) 4 /9 4	
BE COMPLET	(Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE  A HOUSE  30. NAME AND ADDRESS OF PERSON W	ER MD.	Resident  Pesident  Asn  DEATH (ITEM 2), (Typ  HOSPITAL  GNATURE	in RA	29c. LICENSE NU	IMBER	29d, DA	TE SIGNED (A	North, Day, Year)	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be find within 72 hours after chain with the State Deor of Health and Mental Hydrene prior to bunial cremation or removal
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last)

	, , , , , , , , , , , , , , , , , , , ,								MONTH	UF DEATH	DAY	YEAR	3. TIME OF DEATH	
	RAYFIELD  4. SOCIAL SECURITY NUMBER	BUSH, Jr		T						PRII.	2,		10:20 A M	
	213-88-3022	5. SEX 6.	AGE (in yrs. lest		IF UNDER	1 YEAR	HOURS		/Month	Day, Year)	1000	Country		
	213-88-3022  9e. FACILITY NAME (If not institution, give :	21	30	YRS.	Oh CITY	TOWN:				24,			aryland	
œ							R LOCATIO				9c. COU	INTY OF DE	ЕАТН	
DIRECTOR	MARYLAND GENERAL HOSPITAL BALTIMORE CITY BALTIMORE													
RE	10e. STATE 10b. COUNT	Υ		10c. CITY	Y, TOWN O	R LOCAT	ION						tod. INSIDE CITY LIMITS?	
	Maryland					imo	re				1 XYES 2 NO			
₹ I	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF								IZEN OF W	HAT COUNTRY?				
FUNERAL	2619 Llewelyn			21213						USA				
5	11. MARITAL STATUS  1 Never Merried 2 Merried	YES 2 XNC	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)					s or No—	Black, White, etc.					
BY	3 Widowed 4 Divorced	OR DATES		1 YES 2 NO Specify: Specify:						Black				
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	18e. DEC	EDENT'S	USUAL OC	CUPATIO	ON .		16b.	KIND OF BI	JSINESS/IN	DUSTRY	DIACK	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	iile. E	o NOT us	vork done o se retired.)	luring mo	st of Workin	g						
MPI	12th Grade		M	aint	tena	nce			G	rana	da N	ursi	ng Home	
00	17. FATHER'S NAME (First, Middle, Last)									liddle, Maide	- '			
BE	Rayfield Bush,	Sr.						_		iffi:				
6	190. INFORMANT'S NAME (Type/Print)									er, City or To				
	Shirley Bush							Ave.		Ba1				
	1 Burial 2 K Cremetion 3 Rem	oval from State	cemetery, crem	atory or of	ther place)	SPOSITION (Name of DATE 26c. LOCATION place)						•		
	4 Donotion 5 Other (Specify) Metro Crematory A/7 Catonsville, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes  25.01 Champion Folia									MD				
	1	D= 11			25	501	Gwyni	ns F	alls	Park	rune. Vav	ral F	iomes, Inc.	
	9 XIVW -	Paule			Ba	lti	more	, Ma.	rylar	1d 2	1216		-	
	23. PART I. Enter the disesses, or shock, or heart fallure.	complications that c List only one cause	aused the dea on each line.	th. Do n	ot enter	the mo-	de of dyi	ng, aucl	h aa card	lac or ree	piratory ar	rent,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition CANDIDA ESOPHAGITIS, PNEUMONIA													
	resulting in death) a													
_	DUE TO (OR AS A CONSEQUENCE OF): TERMINAL AIDS													
MEDICAL CERTIFICATION	Sequentially list conditions, If any, leeding to immediate  b. DUE TO (OR AS A CONSEDUENCE OF):													
CAT	ceuse. Enter UNDERLYING													
E	CAUSE (Disesse or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF):													
ER	resulting in desth) LAST	d			_									
0	PART II. Other significent condition	ns contributing to de	esth but not re	sulting i	n the un	derivino	csuse o	Iven In	Part I.	24a. WAS A	N AUTOPSY	24h	WERE AUTOPSY FINDINGS	
S								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									_	1 YES	X NO		DF DEATH?	
									-				t  YES 2 NO	
Y Y	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DI	EATH (Chi	ack only one	)}	_			
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpatient 3	DOA	OTHER		e 5 🗆 Re	sidence	8 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,		28b. TIM	_	28c. INJ	URY AT			CRIBE HOW	INJURY OC	CURED		
BY	1 Netural 5 Pending 2 Accident Investigation	(Mornii, Day,	reary	ING	M		RK? 'ES 2	NO						
ED E	3 Suicide 8 Could not be	28e. PLACE OF II building, etc	NJURY — At hom . (Specify)	e, ferm, s	street, fecto	ory, office			28f. LOCA	TION (Street	end Numbe	r or Rural R	oute Number,	
	4 Homicide determined										,			
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, deat	h occurre	d at the ti	me, date	and piece,	end due	to the cau	se(s) end me	enner es ata	ted.		
O	one) 2 MEDICAL EXAMINE	R: On the beels of exem	nination and/or in	vestigatio	n, In my o	pinion, d	eath occur	ed at the	fime, date	end place, e	end due to ti	he ceuse(s)	end menner se stated.	
ш	296. SIGNATURE AND TITUE OF CENTIFIE	,					29c. LICE	NSE NUN	/BER		29d. DAT	E SIGNED	(Month, Day, Year)	
00		Hou	SESTAFP	-							•			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,							1			
	DR. JOSE OBLEN	A c/o MARY	LAND G	ENER	AL HO	OSPI	TAL							
	APR 07 1994	32. REGISTRANS	SIGNATURE											
	7 7 7 7 7	with anmarrow	narball											

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS. P.O. BOX 68760.

ours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ne medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR		OT175 OF 1		/ DEDADTMENT (	
I	tem9a	4-7-94	FilmG71	0 W.H.	. Per F/H	

REGISTRAR		CERTIFIC	ATE OF DE	ATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Lest)	Eva	Barber			2. DATE OF DEATH DO	AY YEAF	
4. SOCIAL SECURITY NUMBER 216-28-8156	1 🗆 M 2 📈 F		FUNDER 1 YEAR IF U		7. DATE OF BIRTH (Morth, Day, Year) 2-7-193	8. Bif Coo	S.C.
5217 Hilly RESIDENCE OF DECEDENT	street and number)	lwell '	Balto	CATION OF DEAT	тн	9c. COUNTY OF	DEATH
5217 Hilly RESIDENCE OF DECEMENT 106. STATE Md 106. COUNT	TY	10c. CITY, 1	TOWN OR LOCATION			<u> </u>	10d. INSIDE CITY LIMITS? 1 XYES 2 NO
	oad		101. ZIP	CODE 1229		U S	F WHAT COUNTRY?
10e. STREET AND NUMBER  5217 HillWell R  11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 X NO	If yes, specify	NT OF HISPANIC Cuben, Mexicen, NO Specify:	ORIGIN? (Specify Yes Puerto Rican, atc.)	BI	ACE — American Indian, ack, White, etc.
(Specify only highest grad	15. OECEDENT'S EDUCATION softly only highest grade completed) Indery (0-12) Coilege (1-4 or 5+) 2 years					SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	L Jean	2	18.	MOTHER'S NAME	E (First, Middle, Melden	Surname)	
Golden Green			A	lice Pr	rince		
194. INFORMANT'S NAME (Type/Print)					ute Number, City or Tow		
Jason Barber					lto, Md 2		
1) (Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	cometery, cremetery or othe WOOD TAWN	"Cemetery		4994 Bal	to, Md	Town, State
21. SIGNATURE OF FUNERAL SERVICE L	MUN	ch	Mar 43	ch F/H		venue	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bOUE TO (OR A	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	CARCI	vom A	BRI	EAST.	Onset and Death
S Country of Country Exist	d						
PART II. Other significant condition HYPER DIABET	TENSION		the underlying cau	se given in Pa	art i. 24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:			OF DEATH (Check	k only one)		
1 TYES 2 NO	1   Inpetient 2   ER/C		THER:  Nursing Home 5	Residence 6	Other (Specify)		
27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea	N-A.	WORK?  M 1 YES		28d. DESCRIBE HOW I	MA A	
	28e. PLACE OF IHJU building, etc. (S	JRY — At home, farm, stre Specify)	et, fectory, office	2	28f. LOCATION (Street City or Town, Stete)		al Route Number,
	BICIAN: To the best of my kr ER: On the best of examina						e(e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	Julles 1	nd		D 26 3		29d, DATE SIGN	ED (Month, Day, Year)
SURJIT JULK		21 N. EU	TAIN ST	r. B,	ALTIMOL	ZE MI	2/20/
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE GON ROYCLU					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1. DECEDENT'S NAME (First, Middle, Last,	filbert					DEATH	2. DAT	REG. NO.			3. TIME OF DEATN	
	DAVID -	F. BRO	NWC					APR			YEAR Q /	12:23 A	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 Y	-	IF UNDER 24 HRS.		E OF BIRTH	1	0. BIRTN	IPLACE (State or Foreign	
	104-74-3406	1 💢 M 2 🗌 F	18	YRS.	MONTHS D	DAYS	HOURS MIN.	8-7	7-1975		Ja	maica	
OR	50. FACILITY NAME (If not institution, give 5209 IVANHOE				BALT		IORE	DEATN		9c. COU	NTY OF D	EATN	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUN	10c. CIT	Y, TOWN OR I	LOCATI	ION	10d. INSIDE CITY							
DIR	New York				Jama			1 (X) YES 2					
FUNERAL	10e. STREET AND NUMBER					_	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
NE I	167 - 28 1				11433				est	Indies			
BY FU	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	RMED NO	If ye	res, spe		PANIC ORIGIN? (Specify Yee or No- klean, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc.  Specify:  Black							
9	15. DECEDENT'S ED (Specify only highest grad		USUAL OCCL			16b. KIND OF BUSINESS/INDUSTRY							
COMPLET	Elementary/Secondary (0-12) 9 yr S	College (1-4 or 5 +	Do NOT u			endent							
TO BE COM	17. FATHER'S NAME (First, Middle, Last)	7					16. MOTHER'S N			Sumame)			
	Stanley Brown Valerie Gore										rdon		
	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  19c. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2902 Cortelyou Rd. Brooklyn, N.Y. 1122												
	20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State												
	206. PLACE AND DATE OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION O												
	23. PARI I. Enter the diseases, or				LE	eon	ard J. F	Ruck	Inc.	5305	Hari	ford Rd.	
	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Liat only one cau	se on each lin	е.	not enter th	ne mod	de of dying, suc	ch aa ca	rdiac or reapi	5305 ratory an	Hari	Approximate Interval Batw	
RTIFICATION	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	a. MULT DUE TO  b. OUE TO	se on each lin	GUENCE O	NSH(F):	ne mod	ard J. F	ch aa ca	rdiac or reapi	5305 ratory an	Han		
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PL  g Normal  BC. INJO  1   Y, office	Cause given in ACE OF DEATH (C)  S X Residence URKY (ES 2 NO	Part I.	24a. WAS AN PERFOR 1 X YES 2  One)  One (Specify)  ESCRIBE NOW II  OCATION (Street a by or Town, Stelle)  Q IVAN	AUTOPSY MED?  NO  NJURY OCC.  T Cand Number	24b.	Approximate interval Batw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do	
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	HEGISTRAR			ERIT	CATE	F DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)									3. TIME OF DEATH
	JOHN 🕠 . MC	CARTIN								10:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.				BIRTHPLACE (State or Foreign
	215 20 7625	X   M 2   F	772	YRS.	MONTHS DAY	B HOURS MIN.	(Month,			Country)
		reet end number)	10	-	9h CITY TOW	N OR LOCATION OF D	EATH	2,1		IARYLAND
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삘		ADI Ze	0						U	.2.17.
5									or No- 14.	RACE - American Indian, Black, White, etc.
≿		IF YES, GIVE W	WAR OR DATES					,		Specify
										WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	completed)		(Give kind of w	ork done during	NTION most of working	16b. 1	(IND OF BUS	SINESS/INDUST	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ile. Do NOT use	e retired.)			0 -		0
₹	12785			SCHI	VICIF		1	+4	1 ELEP	YOUR LOWARY
8	17. FATHER'S NAME (First, Middle, Last)	· -		Altri Carro		18. MOTHER'S N.	AME (First, Mic	ddle, Meiden	Surname)	/ 14
ш	1-M WHOC	TEART	1			4017	1 2:	12.1	SRAS	R
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Numbe	, City or Town	n, State, Zip Coo	abot
٢	DORIS M. MY	ARTIO		4018	VIIZ	01-5 ROE	10	PIRRY	HOLL	MARYLAND
1 8	20a. METHOD OF DISPOSITION		20b PLAC	FANDDATEO	FDISPOSITION			200 10	CATION - CIN	or Town State
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	23. PART I. Enter the diseeses, or c	omplications the	t ceused the	death. Do no	ot enter the	mode of dving, au	ch as cardle	c or reapl	ratory arrest	, Approximate
	shock, or heart fallure. I	List only ona cau	se on aach II	na.		,			,	Intarval Between
		DI		-						Onset and Death
	resulting in deeth)  a.   u mon zru Embolus   30 minutes									
					):					-
8	Sequentially list conditions.	Card	lomyo	pathy						5 years
Ĕ	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEDUENCE OF):									
<u> </u>	CAUSE (Disesse or Injury									
별	thet initiated evente	DUE TO	(OR AS A CONS	EOUENCE OF	):					
H H	resolving in death) CAST	1								
	PART II Other eignificent condition		do ath had an	a constal on the				-		
X	PART II. Othar significant condition	e contributing to	deeth but no	reculting is	n the underl	ing cause given in	Part I. 2			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							_ 1	YES 2	XNO NO	COMPLETION OF CAUSE OF DEATH?
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₹ I	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (C	heck only one)			
) 		HOSPITAL:	EB/Outnotlant		OTHER:		, , , , ,			
Ϋ́		7,							I HIEW COOLIN	50
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B	2 Accident Investigation					7.7	<u> </u>			
	3 Suicide 8 Could not be	28e, PLACE O building,	etc. (Specify)	home, term, si	treet, factory, o	ffica			and Number or F	Rural Route Number,
	4 _ Normalde _ determined					_			4	
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge,	death occurre	d at the time, o	ate and place, and du-	to the couse	e(a) end man	mer es stated,	
N N										tuse(s) and manner as stated.
								-10 191-1	1.6	
8	AAR 1. A.O					29c. LICENSE NU	MBER		29d. DATE SI	GNED (Month, Day, Year)
	MIDOYK MU -								4/	2/94
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	Michael P. Boy	4, M.D	) i	shus	HOP KI	n's Hosp	ital	DS	none	Manjend
	Michael P. Boy 31. BATE FILED (Month, Day, Year) APR 0 7 1994 for	32 DEGISTRA	R'S SIGNATURE	ohns	HOP KI	n's Hosp	ital	DS	More	Mayland
	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	JOHN MC  4. SOCIAL SECURITY NUMBER  AL SOCIAL SECURITY NUMBER  AL SOCIAL SECURITY NUMBER  THE JOHNS HOP  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  ARY AND  10c. STREET AND NUMBER  11. MARITAL STATUS  1   Never Merried 2   Married  3   Widowed 4   Divorced  15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (Type/Print)  20a. METHOD OF DISPOSITION  19b. INFORMANT'S NAME (Type/Print)  21. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, or condition resulting in deeth)  NOULD STATE THE CONDITION Security in deeth (Type/Print)  21. SIGNATURE OF FUNERAL SERVICE LIC  23. PART II. Other significant condition resulting in deeth)  NOULD STATE OF DEATH  1   Yes   No  27. MANURE OF DEATH  1   Natural   S   Pending Investigation   3   Suicide   S   Could not be distarmined   29a. CERTIFIER (Check only 2   MEDICAL EXAMINET)  29b. SIGNATURE AND TITLE OF CERTIFIER (Check only 2   MEDICAL EXAMINET)  29b. SIGNATURE AND TITLE OF CERTIFIER MB Of the MEDICAL EXAMINET  29b. SIGNATURE AND TITLE OF CERTIFIER MB Of the MEDICAL EXAMINET  29c. CERTIFIER   CERTIFYING PHYSIC Check only 2   MEDICAL EXAMINET  29b. SIGNATURE AND TITLE OF CERTIFIER (Check only 2   MEDICAL EXAMINET	1. DECEDENT'S NAME (First, Middle, Last)  JOHN MC CARTIN  4. SOCIAL SECURITY NUMBER  5. SEX  M 2   F  Ba. FACILITY NAME (If not institution, give street and number)  THE JOHNS HOPKINS HOS  RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  ARY AND  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEDEN FORCES?  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  17. FATHER'S NAME (First, Middle, Last)  19e. INFORMANT'S NAME (First, Middle, Last)  19e. INFORMANT'S NAME (First, Middle, Last)  20e. METHOD OF DISPOSITION  20e. METHOD OF DISPOSITION  ARY  19e. INFORMANT'S NAME (First, Middle, Last)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. PART I. Enter the diseases, or complications the shock, or heart failure. List only one cause. Enter UNDERALYING  CAUSE (Disease or Injury  the Intilated evente  resulting in death)  NO  PART II. Other significant conditions contributing to  PART II. Other significant conditions contributing to  PART II. Other significant conditions contributing to  1   Very 2   No  22. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   No  22. MANNER OF DEATH  1   New 1   New 2   No  22. MANNER OF DEATH  22. MANNER OF DEATH  22. MANNER OF DEATH  23. 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M. CARTIN  A SOCIAL SECURITY MAMBER  S. SEX  J. SEX  J. CART OF PROF.  S. SEX  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. CART OF PROF.  J. 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CART OF P	1. DECEMENT NAME (PRIX. MORE) Later   JOHN   J. M. CARTIN

3. TIME OF DEATH 5:30

imori 10d. INSIDE CITY 1 YES 2 NO

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filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law regu TO THE FUNERAL DIRECTOR: After this certificate has been: be filed within 72 hours after death with the State Dept. of FIMPORTANT: If item 28 is marked, or item 23 shor

	1 - FOR STATE OF MARYLAI REGISTRAR	ND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  BESSIS M. LARIER	2. DATE OF DEATH	3. TIME OF DE					
		yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH 8 (Month, Day, Year)	BIRTHPLACE (State or i				
	218 32 0075 10 M2XIF 98		1 JUST 18 18 18 18 1	ViRGINI.				
lon BO	9a. FACILITY NAME (If not institution, give atreet and number)  8716 BAKER AVE	PARKVILLE	DEATH 9c. COUNT	Y OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CIT				
	MARYLAND BALTIMORE	PARKVILLE		1 TYES 2				
FUNERAL	100. STREET AND NUMBER	101. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY				
NN N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	U.S. ARMED 13. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Yes or No	I. RACE — American In				
B	1 Never Merried 2 Merried FORCES? 1 YES  Widowed 4 Divorced IF YES, GIVE WAR OR DATA	2 NO If yes, specify Cuban, Maxie	can, Puarto Rican, etc.)	Black, White, atc. Specify:				
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	166. KIND OF BUSINESS/INDUS	STRY				
PLE	Elementary/Secondary (0-12)  College (1-4 or 5+)	AT Hors						
COMPL	17. FATHER'S NAME (First, Middle, Last)		AME (First, Middle, Maiden Surname)					
6 111	Simon FunkHouseR	LY0	iA HEPMER					
2	198. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rura	I Route Nymber, City or Town, State, Zip Co	7.0.1				
	20a, METHOD OF DISPOSITION 20b.P	PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATION CH	YARYLAN y or Town, State				
	4 Donation 5 Other (Specify)	lery, crematory or other placaj	Timoni Fir	un MAR				
TO BE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F EVANS CHAR 8800 HARF	TOEL EWOKISS	RKCILL				
200	23. PART I. Enter the diseases, or complications that caused t shock, or heart failure. List pnly pne cause on each	the death. Do not enter the mode of dying, su	ch ss cerdisc or respiratory srres	t, Approxit				
900000000000000000000000000000000000000		sclerotic Carebi	DVASCULAR	Interval Onaet a				
	DUE TO (OR AS A C	CONSEQUENCE OF):	Disease					
	Sequentially list conditions, Due to (or as a c	CONSECUTENCE OFF	DIJENJE					
TIFICATION	cause. Enter UNDERLYING	on a contract of j.						
E	CAUSE (Disease or injury that initiated events resulting in death) LAST							
CERTIFICATION	d.							
CALC	PART II. Other algnificant conditions contributing to death but	t not resulting in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY AMAILABLE PRIO				
5 5			1 ☐ YES 2 NO	OF DEATH?				
Z: ME				1 YES 2				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (C	heck only one)					
IXSI	1 Tes 2 NO 1 Inpatient 2 ER/Outpat							
BY PH	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED				
TED	3 Suicida 8 Could not be detarmined 28a. PLACE OF INJURY — building, etc. (Specify	- At home, farm, streat, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,				
E COMPLE	29a. CERTIFIER (Check only one)							
OS	WEDICAL EXAMINER: On the basis in examination a							
H H	29b. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NO		SIGNED (Month, Day, Year				

1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

WHD COMPLETED CAUSE OF FEATH (ITEM 27) (Type, Print)

ASSANIGO THAM JEISS

31. DATE FILED (Month, Day, Year)
APR 0 7 1994

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32. REGISTRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with norms after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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		TATE OF MARYLAND /	DEPARTMEN	IT OF HEALTH AND	MENTAL HYGIEN	IE		
	REGISTRAR	CE	RTIFICAT	E OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH D	AY YEAR	3. TIME OF DEATH	
	WILLIAM 1. L	ALL YZZA.			MARCH 2	49918	м	
	4. SOCIAL SECURITY NUMBER 5. SE		77	ER 1 YEAR IF UNDER 24 HRS	444 44 60 34 4	8. BIR	THPLACE (State or Foreign	
	X1 800 10 PIG	M 2 DF 75	YRS. MONTHS	DAYS HOURS MIN	20178 10		RYLAND	
	9a. FACILITY NAME (If not institution, give street en	d number)	9b. CI1	Y, TOWN OR LOCATION OF		9c. COUNTY OF		
H	ST. JOSEPH HO	10-19	4	1021101		ROTT	20 - 05	
DIRECTOR	RESIDENCE OF DECEDENT	21 11 10		100200		BALT	imors	
H	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?	
	MARYLAND BALTIN	70 RZ	in	morium			1 TYES 2 NO	
FUNERAL	10e, STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
E.	137 EAST Time	nium Roal		2016	12	0.3	0.2	
3	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S. ARI			PANIC ORIGIN? (Specify Yes	or No 14. RA	CE American Indian,	
	1 Never Merried 2 Married	ORCES? 1 YES 2 N	10	If yes, specify Cuben, Max 1 — YES 2 NO Spe	icen, Puerto Ricen, etc.)	Bla	ick, White, etc.	
BY	3 Widowed 4 Divorced	W.W.II		1 1 123 2 <b>2</b> 110 3pt	ocny.	1	A) HIT	
G	15. DECEDENT'S EDUCATION		CEDENT'S USUAL	OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY		
E	(Specify only highest grade complete Elementary/Secondary (0-12)  Coll-	ege (1-4 or 5 +)	ve kind of work don Do NOT use retired.	during most of working )				
7	iayrs.		22LAZ		101100	1000 770	HARVSTIR	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maiden		VIEWAS 1711	
	William Til	ATTY CR		200	Sul Dam	PHV		
BE	19e. INFORMANT'S NAME (Type/Print)	191	. MAILING ADDRE	SS (Street and Number or Ru	ral Route Number, City or Tow	State Zin Code)	21093	
2	DOROTHY CASSY	1.	7707 65		0-0			
	20e. METHOD OF DISPOSITION	20h BLACE 4	IND DATE OF DISPO	1,60010		CATION - City or		
	Buriel 2 ☐ Cremetion 3 ☐ Removal from 4 ☐ Donetion 5 ☐ Other (Specify)	om Stata cemetery, crer	matory or other place		R 3-131 Tir		1	
- A	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DULAC		THAME AND ADDRESS OF	EACH ITY	Josina	MARYLAGO	
	10 00	1	3	VANS CHA	FACILITY POLOF CHIP	225		
	Thouse of exer	m.A	2	DAS YORK	ROAD -1		m	
	23. PART I. Enter the diseases, or compile	cetions that ceused the de-	ath. Do not ente	or the mode of dying, s	uch es cerdiac or respi	ratory arrest,	Approximate	
	ahock, or haart failure. List or iMMEDIATE CAUSE (Final	nly one causa on asch line.	1.	//0	1 -		Interval Between Onset and Death	
	disesse or condition	mu	a de	stelne	- 1		4.0	
	resulting in death) a	DUE TO UR AS A CONSEQ	WENCE OF):	- July	ale -	m	10 min	
_		ASCV	D	₩.O.			1, , ,	
Ó	Sequantially list conditions, b.	DUE TO (OR AS A CONSEO	UENCE OF):	. 1			14/	
ERTIFICATION	If any, leading to immediata cause. Entar UNDERLYING	0.0	RYM	doles			i	
윤	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS AJCONSEO	UENCE OFI:	W-1 CC			1991	
E	resulting in dasth) LAST		,					
E	d							
	PART II. Other significant conditions con	tributing to death but not re	esulting in the	inderlying cause givan			4b. WERE AUTOPSY FINDINGS	
0					PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
입					1 1 723 4	Z NO	OF DEATH?	
Σ					<del></del>		1 YES 2 NO	
PHYSICIAN: MEDICAL	25 WAS CASE DEFERDED TO MEDICAL							
[ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
ΙΥS		npetient SER/Outpetient 3		rrsing Home 5 - Reeldend				
4	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED		
BY	2 Accident Investigation		М	1 YES 2 NO				
<u>n</u>	3 Suicida 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, streat, ta	ctory, offica	28f. LOCATION (Street of City or Town, State)	and Number or Rura	I Route Number,	
COMPLETED	riomede delamined							
P	29a. CERTIFIER (Check only	To the best of my knowledge, dea	eth occurred at the	time, date and place, end o	lue to the cause(e) end man	nner se stated.		
N	one) 2 MEDICAL EXAMINER: On 1						e(s) end menner es stated.	
	296, SCHATURE AND TITLE OF CERTIFIER	1 /1		29c. LICENSE I				
H	A P X	1. 100000	ha.	S DA	1325	-	ED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COM	DI ETED CALISE OF DEATH (ITEA	IN	2 200	100	1 (AR	W39, 1994	

32. REGISTRAR'S SIGNATURE



DR GSORIS T 31. DATE FILED (MONTH, Day, Year) APR 0 7 1994

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HORPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wisk hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compiledly filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled wighin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: if Hem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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certificate be executed with hours after death. Page 6 may be re young physician and completely filled in by the funeral director, page 5 Hygiene prior to burial, cremation, or removal.	
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30. NAME AND ADDR

APR 0 7

1994

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH MON 4 COFFMAN VERETT 11:25 AM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 95 215-16-6406 1 X M 2 - F 98 Virginia 12 1898 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR VIEW NUTSING HOME ONG MANCHESTER ARROLL RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE Md. TIMONIUM 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? CINDER Koad 21093 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puarto Rican, etc.)
 The YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ΒY Specify 3 Wildowed 4 Divorced WhitE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) MACHINIST BLACK + DECKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) DANIEL M. COFFMAN Alderson ANNIE BE and Number or Rural Route Numb 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street n, State, Zip Code) 21030 2 ROULEAU Cockeysville Md 28 C OUISE EDAR KNOL METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Buriel 2 Cremetion 3 Rem 4/1/94 EVERGREEN MEMORIAL FINKS BURG, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHAPEL YORK RD OF CHIMES Territ TIMONIUM, Md. 21093 2325 23. PART i. Enter the disease, or completions that caused the desth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock, Dr heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death Durk disease or condition resulting in death) 00 DUE TO (OR AS A CONSEQUENCE OF): COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 TES 2 HO inpetient 2 - ER/Outpetient 3 - DOA 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1- Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicida 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, (Check only one) REDICAL EXAMINER: On the beele of axamination and/or investigation, in my 29b. SIGNATURE AN BE 29s. LICENSE NUMBER 3316

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. MO

- Randelle

32. REGISTRAR'S SIGNATURE

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STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
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Part	BLACK						
Elementary/Secondary (0-13)							
TY. FATHER'S NAME (First, Micking, Last)  LEROY CAMPBELL  198. MAILING ADDRESS (Street and Number or Rural Route Number (City or Rein, 120 Code)  199. MAILING ADDRESS (Street and Number or Rural Route Number (City or Rein, 120 Code)  10. MICH 2   Command of 12   Command of 12   Command of 12   Command of 12   Command of 13   Removal from State   200. PLACE AND DATE OF DISPOSITION (Name of 10 Open (Spock))  20. METHOD OF DISPOSITION  20. METHOD OF DISPOSITION  20. METHOD OF DISPOSITION  20. METHOD OF DISPOSITION  20. METHOD OF DISPOSITION  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH FH.—1101 E. NORTH AVI  23. PART I. Effect the diseases, or complications that cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  23. PART I. Effect the diseases, or complications that cause on each line.  DUE TO (OR AS A CONSEQUENCE OF):  24. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  26. MAINER OF DEATH  27. MANNER OF DEATH  28. PLACE OF DEATH (Check cody one)  28. PLACE OF RIMINY A horm, fart, street, factory, office  29. PLACE OF RIMINY A horm, fart, street, factory, office  29. PLACE OF RIMINY A horm, fart, street, factory, office  29. PLACE OF RIMINY A horm, fart, street, factory, office  29. PLACE OF RIMINY A horm, fart, street, factory, office  29. PLACE OF RIMINY A horm, fart, street, factory, office  20. Could not be determined.							
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The informant's name (type-print)  196. MAILING ADDRESS (Street and Number or Rural Route Number City or Town. State. Zip Code)  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 22  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 21  310 E. 26 TH STREET, BALTIMORE, MD 22  310 E. 26 TH STREET, BALTIMORE, MD 22  310 E. 26 TH STREET, BALTIMORE, MD 22  310 E. 26 TH STREET, BALTIMORE, MD 22  310 E. 26 TH STREET, MD 21  310 E. 26 TH STRE							
LILLIAN MASON   310 E. 26 TH STREET, BALTIMORE, MD 21   20s. METHOD OF DISPOSITION   10 gented 2   Cremetation 3   Removal from State   20s. NPLACE AND DATE OF DISPOSITION   Name of   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK   04-0   RANDALLSTK							
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH FH.—1101 E.NORTH AVI  23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  D							
WM. C.MARCH FH1101 E.NORTH AVE  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  But to (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  CAUSE (Disease or Injury CAUSE (Disease or Injury Due TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence or):  DUE TO (or as a consequence	MIN' LID						
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Immediate Cause (Pinal desease or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):	MOD						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE DF DEATN (Check only one)  The Pital:  1 Netural 5 Pending Investigation  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28. PLACE DF DEATN (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY  (Month, Day, Year)  28. PLACE OF INJURY AT WORK?  WORK?  28. PLACE OF INJURY AT WORK?  WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?  28. PLACE OF INJURY AT WORK?	Sequentiarly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						
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25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE DF DEATN (Check only one)  27. MANNER OF DEATH  1 Netural 5 Pending  2 Accident  3 Suicide 6 Could not be determined  28. PLACE OF INJURY  (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  NAM 1 YES 2 ND  28c. INJURY AT WORK?  NAM 1 YES 2 ND  28d. DESCRIBE NOW INJURY OCCURED  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  WORK?  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  WORK?  WORK?  28d. DESCRIBE NOW INJURY OCCURED  WORK?  WORK?  WORK?	ERE AUTOPSY FIN RILABLE PRIOR TO						
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□ 4 Homicide determined building, etc. (Specify)  W/A  City or Town, State)							
	w Number,						
Zie. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	N/4 N/A						
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© Ceile A. Eway MD							
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UNIVERSITY OF MARYLAND OF MOSPITATE  31. DATE FILED/Month, Chi! void 1 32. REGISTRATE SIGNATURE  4 5 94 1000 07 1994 Julia Studion Randoll							

BALTIMORE, MARYLAND 21215-0020	PSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should the State Dept. of Heatth and Mental Hygiene prior to burlat, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HIGHTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TRATE FLACENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the terminal physician and completely filled in by the removal.	INFORTANT II Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I		/ DEPAI					MENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  MASTER LEE	COLEMAN							2. DATE OF DEATH MONTH 3/24/94	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 250-16-3522	5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. In	AGE (In yrs. last birthday) IF UNDER 1 YEAR F UNDER 24 HRS.  7 2 YRS. MONTHS DAYS HOURS MIN.						MPLACE (State or Foreign Ty) S.C.		
TOR	99. FACILITY NAME (If not institution, give street and number)  BON SECOUR HOSPITAL  BALTIMORE  BALTIMORE							ATH	9c. COUN	TY OF D	PEATH	
DIRECTOR	MD 10b. COUNT	10b. COUNTY			BALT							10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	2325 N. ROSEDAL		-			101	2121			U.S	3.A.	WHAT COUNTRY?
ВУ	t1. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 ZDivorced	ed 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mari			n, Mexica	Specify: Specify:						
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(0	Give kind of e. Do NOT u	ENT'S USUAL OCCUPATION not of work done during most of working work done during most of working NCETTRED RATIR:				LROAD	JSTRY		
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First, Middle, Maide	n Surname)		
BE (	WILLIAM DUDLEY								E PAGE			
2	19a. INFORMANT'S NAME (Type/Print)  ANGELE COLEMAN		11						Route Number, City or To			
	20a. METNOD OF DISPOSITION		20b. PLACE				EDALE ST BALTO. MD 21216  Vame of DATE 20c. LOCATION — City or Town, State				wn. State	
	t X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	ARBI					3		RBUTUS		
	21. SIGNATURE OF FUNERAL SERVICE LA	TANA	1/	h		ESTE		THE	RS FUNERAL LACE BALT			
	23. PART I. Enter the diseases, or complications that ceused the weeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate Interval Batween											
	IMMEDIATE CAUSE (Finel disease or condition a. Porsille Sepsis.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
CERTIF	resulting in deeth) LAST d. CVA, Beine disorder.											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  246. WAS AN AUTOPSY PERFORMED?  1 YES 2 YNO  246. WER AUTOPSY FINDINGS  AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 YNO											
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			ack only one)			
PHYS	1 TYES 2 NO 27. MANNER OF DEATH	1 September 2 28a. DATE OF	INJURY	28b. TII	ME OF	28c. INJ	URY AT	sidence	6 ☐ Other (Specify)  28d. DE\$CRIBE NOW	INJURY OCC	URED	
ВУ Р	1 Natural 5 Pending Investigation	(Month, L	(Month, Day, Year)  INJURY  WORK?  1 YES 2 NO									
	3 Suicide 6 Could not be 4 Homicide 6 Could not be detarmined 26s. PLACE OF INJURY — At home, 1erm, street, factory, office builtiding, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Yown, State)											
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the filme, data and place, and due to the cause(a) and manner as stated.											
±Q BE €	295 DIGNATURE AND TITLE OF CERTIFIES	· 1m	pen	au	en	~	29c. LICI	30	661	29d. DATE	SIGNED	(Month) Day, Year)
)	30. NAME AND ADDRESS OF PERSON WIN	5 Hos	spir	THE TOP	> {	201	dii	ng n	e, Kd	-21	2	23
31. DATE FILED (Month, Day, 1981)  APR 0 7 1994  June Municipal Angles												

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g physician.	e burial-transit permit. Pages 1, 2, 3 should			
tath. Page 6 may be retained by the hospital or attendi	rithicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		niner must be notified at once.	
certificate de executed within thours after death	ing physician and completely filled in by the fune	rgiene prior to burial, cremation, or removal.	d, or Item 23 shows any injury, or other traumatic event, the medical examiner must be	
PHYSICIAN: The law requires that the death of	80		rked, or Item 23 shows any injury, or	
TO THE MUSPITAL OR ALTENDING PHYSICIAL	TO THE FUNERAL DIRECTOR: After this of	be filed within 72 hours after death with t	IMPORTANT: If item 28 is marked,	

		RTMENT OF HEALTH AND MENTAL HYGIENE FICATE OF DEATH REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Kay Frances Coyl	2 DATE OF DEATH 2 TIME OF DEATH		
TOR	4. SOCIAL SECURITY NUMBER 216 → 42 → 2286  5. SEX 1 □ M 2 ▼ F  6. AGE (In yrs. lest birthday)  YRS.	F UNDER 1 YEAR		
	99. FACILITY NAME (If not institution, give street end number)  1938 Codd Avenue  RESIDENCE OF DECEDENT	96. CITY, TOWN OR LOCATION OF DEATH  Dundalk  Baltimore		
DIRECTOR	Maryland Baltimore	P, TOWN OR LOCATION  Dundalk  10d. INSIDE CITY LIMITS?  1  VES 2  NO		
FUNERAL	1938 Codd Avenue	101. ZIP CODE 21222 10g. CITIZEN OF WHAT COUNTRY? United States		
BY FU	11. MARITAL STATUS  1 Never Married 2 Merried  3 X Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— if yee, specify Cuben, Mexican, Puerto Rican, etc.)  1 — YES 2 X NO Specify:  White		
COMPLETED	(Specify only highest grade completed) (Give kind of life. Do NOT use the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the comp	USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY work done during most of working se retired.)		
	17. FATHER'S NAME (First, Middle, Last)	Operator National Can Company  18. MOTHER'S NAME (First, Middle, Meiden Surname)		
TO BE		Lillian Valera Crawford  ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  5 Shipview Way Baltimore, Maryland 21224		
	20a, METHOD OF DISPOSITION 20b. PLACE AND DATE	OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata William Park 4/7/1994 Middle River, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FACILITY Duda→Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222		
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE Of the conditions contributing to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not resulting to death but not not not not not not not not not no	Interval Between Onset and Death  M. INFARCTION  F):  F):  In the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS		
N: MEDIC	DR. BAER IS NOW	COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  1 YES 2 NO		
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	JURY WORK? M 1 YES 2 NO		
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(a) end manner ee stated.			
O BE	296. SIGNATURE AND TITLE OF CERTIFIER  BLUW S. WYA M.D. PY DR. R. I.  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)09			
	3007 & -NORTHERN PARKW.	AY. 21214,		
	31. DATE FILE THE POON OF 1994 32. REGISTRATIONE Finds	12.24 (4.2)		

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requires that the death certificate be execut	been signed by the attending physician and con	1. of Health and Mental Hygiene prior to burial,
e law requires that the death certificate be execut	has been signed by the attending physician and con	Dept. of Health and Mental Hygiene prior to burial,
MIN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	1, 2, 3	* State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) JUNE M. 2. DATE OF DEATH 3. TIME OF DEATH CRAWFORD YEAR - rawtor 10:21 A JUNE A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 1 M 2 F YRS. 577-30-6744 WASHINGTON, DC 06-07-Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR GREATER LAUREL BELTSVILLE HOSPITAL LAUREL PRINCE GEORGE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE LAUREL 1 K YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14819 BELLEAMI DRIVE 20707 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: WHITE 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 8 +) 12 SECRETARY US GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) WILLIAM B. MALLONEE BE JULIA V. MARKS notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DELBERT CRAWFORD 14819 BELLEAMI DRIVE, LAUREL, MD. 20707 pe 20s. METHOD OF DISPOSITION

1 XBurlel 2 Cremation 3 Removal from State

4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must FURT TINCULN CEMETERY 4/6 BRENTWOOD, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING ROAD LAUREL, MARYLAND 20707 medical 23. PART I. Inter the diseases, or complications that clused the leath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Betw IMMEDIATE CAUSE (Final Onset and Death 100 disease or condition resulting in desth) ardias areit 50 Mles orci event, DUE TO (DR AS A CONSEDUENCE OF): DUE TO (DR AS A CONSEDUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING valuela CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO amy COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? shows 1 TES 2 NO PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATN (Check only one ltem. HOSPITAL: OTHER: 1 YES 2 NO 1 | Ingetient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATN 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED. 6 Could not be determined 4 Homicide 28 29e. CERTIFIER COMPL CERTIFYNO PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end menner ee stated. 22 TO THE HIRPORT
TO THE FLUEDING
TO Shed within 72
IMPORTANT. II 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, desth occured at the time, date end piece, end due to the ceuse(a) end manner se stated. 296. SIGNATURE AND TITLE OF DESTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 04276 MO 2 30. NAME THO ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) aurel

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1 17	Margaret	E Clayto	on			2. DATE OF DEA		YEAR 3. TIME OF DEATH
(8)	4. SOCIAL SECURITY NUMBER 220–12–5287	5. BEX 1 M 2 F 7		ER 1 YEAR DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRT (Month, Day, ) NOV 25,	TH Bar)	BIRTHPLACE (State or Fore Country)  Maryland
тов	Shock Traum RESIDENCE OF DECEDENT				imore	HTA	9c. COUNT	timore Ci
DIRECTOR	MD Anne	e Arundel	10c. CITY, TOWN					10d. INSIDE CITY LIMITS? 1 YES 2   1
NERAL		stown Roo			2114	4		U,S , A .
BY FUNI	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPAN BOLLY Cuben, Mexica 2 NO Specifi	n, Puerto Rican, a		4. RACE — American Indian Black, White, atc.  Specify:  Blac
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		60. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired.  Audito	e during mo .)	DN st of working		eral	Governme
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	Thomas Hal				Smallwo	od	
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	20e. METHOD OF DISPOSITION  1 M Buriet 2 Cremation 3 Hemo  4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	from State cemete MD \	22	Crov	msville	4/9 C	r Funora	ty or Town, State  le, Marylan  l Homes, In
ERTIFICATION	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST							
DICAL CE	PART II. Other significant conditions						AS AN AUTOPSY ERFORMED?	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a burs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STAT REGI	
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE	F DEATH	REG. NO	D.			
	1. DECEDENT'S NAME (First, Middle, Last)	SR.	CD			2. DATE OF DEATH DAY APRIL 06, 1994			
	NATHANIEL DUNLAP  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE						94	9:45 a M	
	219-01-2152 1 1 → M 2 □ F		ONTHS DAY		7. DATE OF BIRTN (Month, Day, Year) 05 - 26 -		B. BIRTNI Country	PLACE (State or Foreign CAROLINA	
OR	9e. FACILITY NAME (If not institution, give street end number) FRANCIS SCOTT KEY	9	ВА	N OR LOCATION OF D LTIMORE	CITY	9c. COUNT	1 / a	EATN	
ᇈ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	40. OUTV	TOWN OR LO						
DIRECTOR	MARYLAND n/a	ioc. citt,		LTIMORE				10d. INSIDE CITY V LIMITS? 1 YES 2 NO	
FUNERAL	5912 ST. REGIS ROAD			101. ZIP CODE 2120	6	UNIT		STATES	
B	11. MARITAL STATUS  1 Never Merried 2 Merried  3 X Widowed 4 Divorced  12. WAS OCCEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR E	2 NO	If yes	DECENDENT OF NISPA , specify Cuben, Mexico YES 2 NO Specif		ee or No— 1	14. RACE Black, Specifi	- American Indian, White, etc.	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S US	UAL OCCUP	ATION	16b. KIND OF B	JSINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wor life. Do NOT use r CUSTOD		most of working	BALTI	MORE	C I	ΙΤΥ	
S	17. FATNER'S NAME (First, Middle, Last)				ME (First, Middle, Maide				
BEC	JAMES DUNLAP			ANNIE	WILLIA	MS			
2	19e. INFORMANT'S NAME (Type/Print)		DDRESS (Stre	el end Number or Rural	Route Number, City or To	wn, State, Zip C	Code)	MD # 06	
		5912	DISPOSITION	(Name of	OAD, BAL	OCATION — CI		MD # 06	
	↑ XBuriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)	GARRITSON	F 0	REST VA	CEMETER	Y,OWI	[NGS	S MILLS, MD	
	21. SIGNATURE OF FUNERAL SEINICE LICENSEE	Prix		C. MARC		.101	Ε.	NORTH AVE	
	23. PÀRT I. Entar tha diseasea, or complications that cause ahock, or heart failura. List only one cause of a IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or As	d the daeth. Do not ach lina.	anter the	moda of dying, aud	h ea cardiac or rea	oiratory arrea	at,	Approximata Intarval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions contributing to death I		tha underl	ying causa given in	Part I. 24s. WAS A			WERE AUTOPSY FINDINGS	
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	Alahol abuse	<i>d</i>			_			1 NES 2 HINO	
AN	25. WAS CASE REFERRED TO MEDICAL		28	. PLACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER?  1 YES 2 NO 1 Propertient 2 ER/Out		THER:	Iome 5 🗆 Residence	6 Other (Specify)				
PHYSICIAN: M	27. MANNER OF DEATH  1 Netural 5 Pending  26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c.	INJURY AT WORK?	26d. DESCRIBE NOW	INJURY OCCU	RED		
2 Accident Investigation 28s PLACE OF IN HIPV. At home form steed letters office.								oute Number,	
COMPLETED	29e. CERTIFIER (Check only	riedge, death occurred	at the time, o	late end place, end due	to the cause(e) end m	onner ee atated	d,		
one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee state									
BEC	THE SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DATE	SIGNED	(Month, Day, Year)	
0	Ju Laward My			MIT	7	<b>•</b>	+10	6/94	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DR		nnt)	Takin	s Hophe	~ 4 t	e of	0:40	
	31. DATE FILED (Month " '31) 32. REGISTRAR'S SIGN			5044	2 1406				
	APR 07 1994 Juli dander	mount							

ONMN-16 Rev 1/89

1 - FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First,	, Middle, Last)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF OEATH
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		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las		MONTHS DA		7. DATE OF BIRTH (Month, Day, Year	,	8. BIRTHP Country	PLACE (State or Foreign
P		215-05-060			78	YRS.			07-16-			MARYLAND
s 1. 2, 3 should	O.B.	99. FACILITY NAME (If not institution, give street end number)  99. CITY, TOWH OR LOCATION OF DEATH  90. COUNTY OF DEATH  87. COUNTY OF DEATH  87. COUNTY OF DEATH  87. COUNTY OF DEATH  88. CITY, TOWH OR LOCATION OF DEATH  89. CITY, TOWH OR LOCATION OF DEATH  80. COUNTY OF DEATH										
	[ [	RESIDENCE OF DECEDENT									and maine city	
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physician. bunal-transit permit.	ERAL	5922 SUNSET AVENUE						212	207		U.S.	
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by the		17. FATHER'S NAME (First, M						Andrew Control	AME (First, Middle, Mail	,		
tained by should t	B	190. INFORMANT'S NAME (7			10	h MAII INC	ADDRESS (Sw	CONCE   eet end Number or Rural	TA PALMET		0.41	
be re		RUTH ESPOSI	OTI	(WIFE)					VOODLAWN N			207
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0 7		LEROY M & RUSSELL C WITZKE FUNERAL HOMES  1630 FDMONDSON AVENUE CATONSVILLE MARYLANI										
E 3 & a		23. PART I. Enter the di	iseasee, or o	complications the	at caused the de	ath. Do n	ot enter the	mode of dying, su	ch sa cardiac or re	apiratory arre	ent,	Approximate
filled i		IMMEDIATE CAUSE (Findiseese or condition		A	ndra	/ /	sept	n/0 (	mhice	2 mi		Interval Between Onset and Death
with with pletel crema		resulting in death)	<b>→</b>	е,	OR AS A CONSE	/ V	F):		Aug	- was	> //	7
and and and	NO	Sequentially list conditi		b. DUE TO	O (OR AS A CONSE	OUENCE OF		y and.	Her	m for	- le	72-3
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eath certifical attending phy mal Hygiene py, or other	ERTIFI	that initiated events resulting in deeth) LAS		DUE TO	OR AS A CONSE	DUENCE OF	ን:					
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8 # 8 # 6	EDICAL			/ 4					1 _ YES	2 HO		COMPLETION OF CAUSE OF DEATH?
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law law Dept 23	A I	25. WAS CASE REFERRED TO	O MEDICAL				21	B. PLACE OF DEATH (C	theck palv pae)			
IN: The ficate h State State	SICI	EXAMINER?  1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER:	Home 5 Residence				
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DING PHYS After this o death with	ВУВ	2 Accident	Pending Investigation		OF INJURY — At he		M 1	YES 2 NO	and Location (or			
CTOR: after 28 Is	TED		Could not be determined	building	, atc. (Specify)	, , , , , ,	Kraet, tactory,	onice	28t. LOCATION (Stre City or Town, St	ate)	or Murair Mc	oute Number,
東京ない	OMPLE	000)						date and place, end du				and menner se stated.
TO THE HOSPITAL TO THE FLINERAL De fied within 72 IMPORTANT: II	E CC	29b. SIGNATURE AND TITLE	- Anne		Fahr	ma	n	29c. LICENSE NU		-		(Month, Day, Year)
出 出 五 N N N N N N N N N N N N N N N N N	TO B	30. NAME AND ADDRESS OF	F PERSON WIN	IO COMPLETED CAL	ISE OF OFATH (ITE	M 270 /3-11	Order)	D-1.	5403	<b> </b>   -	1/5	1944/6/94
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		31. DATE FILED (Month, Day, APR 0			AR'S SIGNATURE	No 18				)		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	FOR STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (FIRST ARRESTMENT)  4. SODIAL SECURITY NUMBER (4)	MIAA	EDW FIREST DIFFERENCE FUNCTION	WRDS	2. DATE OF BEATH DAY	199	1. TIME OF GRATH			
	DE PACILITY NAME (If not institution, give	N/M201	YRS. MONTHS	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	2/10/11	Count	.C.			
стоя	MERCY HOSPITA		1000	LTIMORE	/ / /	E COUNTY OF D	CAIN			
DIREC	MD 10s. STATE 10s. COUNT	Y	BALTIM				10d. INSIDE CITY LIMITET  1 XYES 2 NO			
FUNERAL	10s. STREET AND NUMBER 1722 ASHLAND AV	E		10r. ZIP CODE 21205	10	U.S.A	WAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 2 Whideheed 4 Division	12. WAS DECEDENT EVER IN FORCEST 1 TYPES IF YES, GIVE WAR OR DA	2X NO	WAS DECEMBENT OF HISPAN If yes, specify Cuban, Mexice 1 YES 2 (N) Specify	t, Puerto Rican, etc.)	No- 14. RACE Black Speci	— American Indian, k, White, etc.			
PLETED	18. DECEDENT'S EDU /Specify only highest grant Elementary/Secondary (0-12) UNKNOWN	CATION completed) Cuttege (1-4 or 5+)	16a. DECEDENT'S USUAL Of files kind of work done Ms. Do NOT use retired.  PLUMBER	during most of working	AMERICAN	ESS/INOUSTRY				
COMPL	17. FATHER'S NAME (FIRST, ANOTHE, LAST)		(Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Control (Co		ME (First, Mickelle, Maisten Sun		1015			
TO BE	UNKNOWN 19a. INFORMANT'S NAME (Type/Print)		19h. MAILING ADDRES							
-	GENEVA LEE 1400 E. MADISON ST. BALTO. MD 21205  200. PLACE AND DATE OF DISPOSITION / Marrier of DATE 200. LOCATION — City or Town. States									
ļ	** Started 2 Companion 3 Thermores from State KINGS MEM. PARK 5/5/94 RANDALLSTOWN MD  21. SEGNATURE OF FUNERAL BERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A.									
4	23. PART + Epiler tyre diseases, or	Complications that caused	the death. Do/not ente	300 EUTAW PL	ACE BALTO. N	MD 2121				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	0615				Interval Setw Onset and D			
z		b. DUE TO (ON AS A	onsequence or:	ncer						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e	CONSEQUENCE OF)							
CERI	resulting in death) LAST	d,								
4: MEDICAL	PART II. Other significant condition	ta Ca	not resulting in the u	nderlying cause given in	Part L. 246. WAS AN AUT PERFORME	9	WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1   YES 2   VND	MOSPITAL:	ОТНЕ		amis and superior					
PHYS	27. MANNER OF GEATH	28s. DATE OF HULTHY (Month, Day, Year)	28th TIME OF INJUSTY	TRING HOME 5 Residence  28c. RUURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW INJU	MA OCCURED				
TED BY	Accident Investigation  3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, street, fai	1 YES 2 NO	28f. LOCATION (Street and City or Even, State)	Number or Rusei F	Poulle Number			
COMPLE		ICIAN: To the best of my knowle					) and manner so state			
BE	296. SIGNATURE (NO TIPLE OF DERTIFIE	mme	m	39c. LICENSE NUM	DER 21	HE DATE SHOWING	31 194			
۵,	SE NAME AND ADDRESS OF PERSON W	TIAN A	IMM ERI	1.00		7	11			
10	/	Willy L	LIN/SU/VLEACA	LIGIP I						

DIVISION OF VITAL RECORDS, P.O. BOX 68760	-
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATN 3. TIME OF DEATH Wanda 0425 94 A. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month Day, You B. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS 83 YRS. 212-16-8828 DAYE HOURS MIN MD 1 M 2 D1 9e. FACILITY NAME (If not institution, give street end hu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERCY MEDICAL CENTER BALTIMORE CITY DIRECTOR Pages 1, 2, RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION
BALTIMORE CITY 10b. COUNTY 10d. INSIDE CITY MD 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? DEATON MEDICAL CENTER 21230 USA detached for use as the burial-transit hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES XX NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Pusrto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES X NO BY 3 Widowed 4 Divorced Specify: Specify: WHITE COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ive kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5th HOMEMAKER once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Meiden Surname) the retained by th 5 should be d To FRANK JAROSTNSKT FRANCES PAWLICKI BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOAN SHEMENSKI 5715 MINERAL AVENUE, BALTIMORE, MD 21227 nours after death. Page 6 may be Pe 20a METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must director, HOLY ROSARY CEMETERY 4/8 4 Donation 5 Other (Specify) MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CHARLES L. STEVENS FUNERAL HOME, INC. 21230 in by the f 1501 E. FORT AVE., BALTIMORE, MARYLAND medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart failure. List only one cause on each lina. interval Between 6 Onset and Death IMMEDIATE CAUSE (Final completely filled mal, cremation, the disease or condition Cespirating event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial, ulmonar traumatic CERTIFICATION and Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) prior to If any, leading to immediate physician cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) attending phys ental Hygiene p other CAUSE (Disease or injury that initiated events reaulting in death) LAST 0 the atten Mental h PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? and and PERFORMED? any signed h 1 YES 2 NO shows 1 TES 2 NO been % PHYSICIAN: has be Dept. 8 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) State certificate HOSFITAL: OTHER:
4 Nursing Nome 5 Residence 6 Other (Specify) 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 10 the 27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED this c marked. 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident death After 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, Cliv or Town. State) 40 6 Could not be 四 DIRECTOR: / 4 | Homicide 28 COMPLET Item CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL COMPOSITION TO THE FUNERAL COMPOSITION TO THE PROPERTY. If It (Check only, 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 50. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Paul 31 DATE EN EO

32. REGISTRAR'S SIGNATURE Juli Davilson Reals

DNMN-16 Rev 1/89

3. TIME OF QEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Caucasian

22046

Approximate

interval Between

Onset and Death

4 Hrs

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

COMPLETION OF CAUSE

1 YES 2 XXNO

& BIRTHPLACE (State or Foreign

New York

9c. COUNTY OF DEATH

Montgomery

10g. CITIZEN OF WHAT COUNTRY?

3:18

2. OATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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TRUDY HABER 3 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 057 16 7092 DAYS MONTHS HOURS 1 - M 2 XF YRS. 2-10-9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Suburban Hospital DIRECTOR Bethesda RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Montgomery Bethesda permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 5225 Pooks Hill Rd., 504-N detached for use as the burial-transit 20814 United States Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION

The find of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Librarian Montgomery County Schools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Louis Goldberg Ida Klayman BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Murray A. Haber Same address as #10 9e RING Pavid Memorial Gardens 20c. Location - City or Town, Stete 20e METHOD OF DISPOSITION
1 M-Burlel 2 Cremetion 3 must Removal from State Falls Church, Va. 4 Donation 5 Other (Specify) 21. SIGNATURE FUNERAL SERVICENCICENSEE 22. NAME AND ADDRESS OF FACILITY
TVES-Pearson Funeral Homes examiner uted within ours after death... completely filled in by the funera rial, cremation, or removal. 19 Falls Church, Virginia medicai 23. PART (Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, hock, or heert failure. List only one ceuse on each line IMMEDIATE CAUSE (Final the disease or condition ACUTE MYUCARDIAN INFARCTION event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) the attending physician and cor 1 Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 5 PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL Health and PERFORMED? Hy Pertension any has been s PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending ВУ After investigation 2 Accident 3 Sulcide 28e. PLACE OF INJURY -- At home, ferm, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) LINERAL DIRECTOR: A within 72 hours after de 8 Could not be determined 99 COMPLETED 4 Homicide 28 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and mennar as stated. De famt within 7 286. SIGNATURE AND TITLE OF CENTIFIED 29c. LICENSE NUMBER BE E B ste Dogs NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) POWEN 0400

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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		Pages
		the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or at	<u>ra</u>
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) PARKE	Hess HELLER Jr.				2. DATE OF DEATH	ž 1994	3. TIME OF DEATH 9:33 AM	
				IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	HRTHPLACE (State or Foreign country)	
	166 ≈ 16 ≈ 3199 1  9a. FACILITY NAME (if not institution, give street	74	4 YRS.		R LOCATION OF D	10-6-191		ennsylvania	
æ	Church Hospital	and numbery		Balt	imore Ci	ty	9c. COUNTY	OF DEATH	
5	RESIDENCE OF DECEDENT								
DIRECTOR	100. STATE 10b. COUNTY Maryland	Baltimore 100. CITY, TOWN OR LOCAT			Dun	10d. INSIDE CITY LIMITS? 1 YES 2 1 NO			
FUNERAL	10e. STREET AND NUMBER			tor	ZIP CODE			OF WHAT COUNTRY?	
Ä	1903 Washington R					21222		ited States	
	1 Never Married 2 Married	P. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	cify Cuban, Mexica	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc.	
B	3 Widowed 4 Divorced	ISCG Merchan			2 X NO Specif	у.		specify: White	
	ts. DECEDENT'S EDUCATI (Specify only highest grade con	ION 1	6a. DECEDENT'S U	SUAL OCCUPATION	N st of working	16b. KIND OF BU	SINESS/INDUST	RY	
		College (1-4 or 5+)	life. Do NOT use	retired.)	•	D - 41 0	04	n = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
COMPLETED	12th Grade  17. FATHER'S NAME (First, Middle, Lest)		Eleci	rician	40 1407115710 114			eel Corp.	
ö	Parke Heller					ME (First, Middle, Meiden Myrtle Flic			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or Tox		0)	
2	Anna A. Heller		1903 W	ashingt	on Road	Dundalk,	Maryla	nd 21222	
	20s METHOD OF DISPOSITION VC2 Burlal 2 Cremation 3 Removal	trom State 20b. P	LACE AND DATE OF			1	CATION - City		
	4 Donation 5 Other (Specify)	0	ak Lawn					imore, Maryland	
	21. SIGNATURE OF TUNBHAL SERVICE LICENS	Field						ndalk, Inc. yland 21222	
	23. PART I. Enter the diseeses, or com shock, or heart fallure. List	plicetions that ceused t	the deeth. Do no					Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPS						Interval Between Onset and Death	
	readiting in death) . s	DUE TO (OR AS A C	PERFORATED COLON CARCINOM						
N	Sequentially list conditions, b.	ranom	(NOMO) 2M						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		DUE TO (OR AS A CONSEQUENCE OF):  COUN CARCINOMA INVADING URIMARY BLADO						
FIC	CAUSE (Disease or injury that initiated evente	DUE TO (OR AS A C		17	VVIII)(IV	- OKTON	HCY ISCHOUGE		
H	resulting in deeth) LAST								
	PART II. Other algnificant conditions c	ontributing to death but	not resulting in	the underlying	cause alven in	Part I. 24s. WAS AN	Attropey	24b. WERE AUTOPSY FINDINGS	
CAL	CHOLESTASIS		not reconting in	the underlying	couse given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	REDVAL FA					1 TYES	NO	DF DEATH?	
2	RESPIRATOR		JRE			<del>-</del>		1 Nes 2 No	
SIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
PHYSICIAN: MEDIC		SPITAL: Inpatient 2 - ER/Outpati		DTHER: I 🗌 Nursing Hom	5 Residence	6 Other (Specify)	Other (Specify)		
PH	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU		JRY AT	28d. DESCRIBE HOW	NJURY OCCURE	D	
B	2 Accident Investigation				ES 2 NO				
COMPLETED	3 Suicide s Could not be 4 Homicide datermined	building, atc. (Specify	26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)			261. LOCATION (Street City or Town, State	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
7		N: To the best of my knowled	iga, death occurred	at the time, data	and place, end due	to the cause(e) and ma	nner se stated.		
Ö	one) 2 MEDICAL EXAMINER: 0	in the besie of examination e	end/or investigation,	In my opinion, d	eath occured at the	time, date and place, er	nd due to the cau	use(e) end menner as stated.	
BE C	290 AND TITLE OF CERTIFIER	- C . O .			29c. LICENSE NUI		29d. DATE SIG	NED (Month, Day, Year)	
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	30. NAME AND ADDRESS OF PERSON WHO CO			Print)					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAD'S SIGNAT	W. Rardall			· · ·	·		
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y be retained by the hospital or attending physician.	hage 5 should be detached for use as the bunal-transit permit. Pages		be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			EKITE					REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	holland	1					2, DATI	OF DEATH		YEAR GU	3. TIME OF DEATH  10:21 PM
4. SOCIAL SECURITY NUMBER 216-34-5471.	KGE (In yrs. les	t birthday) YRS.		_	-	(Mon	th, Day, Year)			PLACE (State or Foreign  M D	
	,			9b. CITY, T				11 33		TY OF DI	EATH
RESIDENCE OF DECEDENT											
MD 106. COUNT	ry		100		LOCATIO	N					10d. tNSIDE CITY LIMITS? 1 YES 2 NO
715 MT. HOLL	Y ST.				10t. Z				-		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 Z	MED NO	13. WA If y 1	S OECEN	DENT OF HISP ty Cuben, Mex PNO Spe	ANIC ORIGI	N? (Specify Yee Rican, atc.)	or No—		- American Indian, , White, etc.
		/G	ive kind of w	ork done dur	UPATION ing most of	of working	16	b. KIND OF BUS	INESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				PER	ATOR		PAPER	R M	NU	FACTURING
17. FATHER'S NAME (First, Middle, Last)  JOSEPH A. HO	OLLAND				1					1	<del></del>
190. INFORMANT'S NAME (Type/Print)  MELVIN HOL	LAND	19									
20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Rar  4 Donation 5 Other (Specify)	novat from State							1E 20c. LO			
21. SIGNATURE OF FUNERAL SERVICE L	ICENSÉE M.	1/2						ያጥ 430	n wa	RΛS	SHAVE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa Due to (or as a consequence of):  Due to (or as a consequence of):											
PART II. Other significant condition	ns contributing to dea	ith but not r	eaulting l	n the unde	erlying c	auae given	n Part I.	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	Τ				28. PLAC	E OF DEATH	Check only o	nel			
EXAMINER?  1 YES 2 NO	HOSPITAL:	/Outpetient 3	□ DOA	OTHER:	-						
1 Netural 5 Pending			26b. TIME INJU	JRY	WORK	?	26d. OE	SCRIBE HOW IP	JURY OCCI	UREO	
a 🗍 a 1 1 1 1	28e. PLACE OF IN building, etc.	JURY — At ho (Specify)	me, term, s	ireet, factory	, office		261. LOI City	CATION (Street e or Town, State)	nd Number o	or Runal R	oute Number,
											and menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	er Q Q	e Tin	/ /	MO	2	9c. LICENSE N	UMBER		29d. DATE	SIGNED	(Month, Day, Year)
// China	<u> </u>									101	117
30. NAME AND ADDRESS OF PERSON W		BAT	M 27) (Type,	Print)	V	402	2/20	1		14	// / 4
	4. SOCIAL SECURITY NUMBER  216-34-5471  9e. FACILITY NAME (II not institution, give  UNIVERSITY H  RESIDENCE OF DECEDENT  10e. STATE 10b. COUN'  MD  10e. STREET AND NUMBER  715 MT. HOLL'  11. MARITAL STATUS  12. Never Married 2 Married  3 Widowed 4 Divorced  15. DECEOENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)  12TH  17. FATHER'S NAME (First, Middle, Last)  JOSEPH A. HO  19e. INFORMANT'S NAME (Type/Print)  MELVIN HOL  20a. METHOD OF DISPOSITION  12 Burlel 2 Cremation 3 Rear  4 Donation 5 Other (Specify)  21. SIGNATURE IF FUNERAL SERVICE L  23. PABT. Enter the disesses, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  27. MANNER OF DEATH  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  4 Homicide 6 Could not be determined	4. SOCIAL SECURITY NUMBER  216-34-5471  90. FACILITY NAME (If not institution, give street end number)  UNIVERSITY HOSPITAL  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  MD  100. STREET AND NUMBER  715 MT. HOLLY ST.  11. MARITAL STATUS  12. 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List only one cause on each line limitated events resulting in death)  MMEDIATE CAUSE (Final disease or condition resulting in death)  A. DUE TO (OR AS A CONSECUEUS. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  A. DUE TO (OR AS A CONSECUEUS. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  A. DUE TO (OR AS A CONSECUEUS. 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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the pro

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4. SOCIAL SECURITY NUM 217-22-7083 9a. FACILITY NAME (# not i	3	5. SEX 1  M 2  F	8. AGE (In yrs.	. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS	MIN. (Mor 06-	E OF BIRTH oth, Day, Year) - 10= 1(			State or Foreig	
LIBERTY MET	DICAL CI				9b. CITY, TOWN	LTIMOR			1000	N/A		
				100	Y, TOWN OR LOC BALTIMO					LII	10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
1625 N. SM		Cumprom				of. ZIP CODE	03.6			N OF WHAT CO	UNTRY?	
11. MARITAL STATUS  1 Never Married 2   3 Widowed 4 Div	Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	ARMED K)NO	If yes,	ECENDENT OF specify Cuban,	216 NISPANIC ORIG Mexican, Puerto Specify:			U.S.A.  4. RACE — Ame Black, White, Specify: BLACE	etc.	
(Specify on Elementary/Secondary (	CEDENT'S EDUCA ily highest grade of (0-12)	ATION ompleted) College (1-4 or 8+)		DECEDENT'S (Give kind of ville. Do NOT us LABOR		TION nost of working	16		USINESS/INDU			
5TH  17. FATNER'S NAME (First, I	Mickelle Leath	N/A		LABU	KEK	I sa Morriero	R'S NAME (First,	N/A	a Sumamal			
	ASHINGI	ON		19b. MAILING	ADD'	MAR	Y SMITH	H	n Surneme) wn, State, Zip C	200		
NOBLE HEMS	LEY			1625 1	N. WIAL		STREET	BALTI	MORE, I	MD 2121		
20e METHOD OF DISPOSIT 1 M/Burlet 2 Cremati 4 Donation 5 Othe		val from State			TARGET CEME		04-0		ATONSVIL	LE, MD		
IMMEDIATE CAUSE (FI disease or condition resulting in death)	nal → a	DUE TO	Phou	WOWLE,	1	Six					neet and D	
Sequentially list condi- if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	ring c.			ISEQUENCE OF								
PART II. Other algnific	ent conditions	allers	death but n	ot resulting	in the underly	ng cause giv	en in Part i.	24a. WAS A PERFO 1 TYES	PAMED?	COMPLI OF DEA	UTOPSY FINDI ILE PRIOR TO ETION OF CAU TH?	
25. WAS CASE REFERRED	TO MEDICAL	u. wen			28	PI ACE OF DEA	TN (Check only	none)			_	
EXAMINER?		HOSPITAL:	ER/Outpatien	t 3 DOA	OTHER:							
27. MANNER OF DEATH  1 Natural 5  2 Accident	Pending Investigation	28a. DATE OF (Month, De	INJURY	28b. TIM	E OF 28c, I	YES 2	28d. Di		INJURY OCCU	RED	1,07	
2 Devlete -	Could not be detarmined		INJURY — A rtc. (Specify)	I home, farm, s	street, factory, of	lice	28t, LO	CATION (Street y or Town, Stan	t and Number o	r Rurel Route Nui	nber,	
anal .	1	IAN: To the best of :									nner aa atate	



t. DECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

6:37

A. BIRTHPLACE (St.

10g. CITIZEN OF WHAT COUNTRY?

94

9c. COUNTY OF DEATH

madad

snoad

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

HHERICHM

West Indie

Approximate Interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

▶APRIL 6,1994

COMPLETION OF CAUSE OF DEATH?

AM

ndres

REG. NO

2. DATE OF DEATH

ITEMS: 23 PART I. 27. PER MEO FILM G-710 4/14/94 t.t.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 LYRIS JOACHIM APRIL 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 52-229 DAYS 1 M 2 M HOURS Pages 1, 2, 3 should 95 CITY TOWN OR LOCATION OF DEATH DIRECTOR 1700 EUTAW PLACE-APT.#2-A BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATIO MD 5940 Dermit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21217 funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician, 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cubin, Mexican, Puerto Ricen, etc.) t VES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 2 Merrie 1 Never Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION ecity only highest grade complet 18e. DECEDENT'S USUAL OCCUPATION t6b. KIND OF BUSINESS/INDUS College (1-4 or 5 +) once. 17. FATHER'S NAME (First, Midgle, Last) 18. MOTHER'S NAME (First, Middle Gabriel To a BE notified 19b. MAII ING ADDRESS /Street and 2 ac 2 be 20s. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 death. Page 6 may 206. PLACE AND DATE OF PISPOSITION (Name o 20c LOCATION DATE Must 4 Donation 5 Other (Specify) examiner 21. SIGNATURE n and completely filled in by the to burial, cremation, or removal. ours after medical complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest. re. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition resulting in death) a. CARDIAC ARRHYTHMIA

DUE TO (OR AS A CONSEQUENCE OF): event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 n signed by the attent Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY эпу 1 YES 2 NO Shows t, of certificate has been the State Dept. ( PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: XXYES 2 NO t 🗆 Inpetient 2 🗆 ER/Outpetient 3 🗆 DOA Home X XPesidence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 1 YES 2 NO BY OR ATTENDING After death 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 18 8 Could not be LETED DIRECTOR: hours after 4 🔲 Homicide 29e, CERTIFIER t 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(a) and menner as stated. COMP HOSPITAL FUNERAL within 72 ZANE II X MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNESA TO THE FUNESA TO THE FUNESA TO THE FUNESA TO THE POSSTANT. 苦苦 NATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER O.C.M.E PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MADDRESS OF PERSON WHO COM CDOUTS Wash 111 Penn Street, Baltimore, Maryland 21201

32. REGISTRAR'S SIGNATURE

3t. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

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		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HE CERTIFICATE OF I		
		1. DECEDENT'S NAME (First, Middle, Last)	Tah	2. DATE OF DEATH MONTH DAY	3. TIME OF OEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)   F UNDER t YEAR	# UNDER 24 HRS. 7. DATE OF BIRTH	74 1842 "
should		216-56-2043 Se. FACILITY NAME (If not institution, give str	1 M 2 D F 43 YRS. MONTHS DAYS	HOURS MIN. (Month, Day, Year) 08-09-50	s. BIRTHPLACE (State or Foreign Country)
2, 3	стов	Sinai Ho	spital Balt	imore Md.	ITY OF DEATH
t. Pages 1	DIREC	104. STATE 10b. COUNTY	10c. CITY SOWN OF LOCATION	on .	10d. INSIDE CITY LIMITS?  1 YES 2 NO
020 physician. burial-transit permit. Pages 1,	FUNERAL	3700 Green	spring Ave 210	CIP CODE 12/1 10g. CITIZ	EN OF WHAT COUNTRY?
215-0020 attending physician. ise as the burial-tran		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AMED 13. WAS DECEM	fly Cuben, Maxican, Puarto Rican, etc.)	14. RACE American Indian, Black, Whita, etc. Specify:
15-0 tending as the	ED BY	5 Widowed 4 Divorced  15. DECEDENT'S EDUC	ATION 16a. DECEDENT'S USUAL OCCUPATION	A STATE OF BURNISSE MADE	Dack
E 8 5	COMPLETE	(Specify only highest grade of Elamentary/Secondary (0-12)	College (1-4 or 5+)  College (1-4 or 5+)  College (1-6 or 5+)	of working	USIRY
MARYLAND 2- retained by the hospital of 5 should be detached for rotifiled at once.	MOC	17 PATHER'S NAME (first, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)	
	BE (	Carlton -	Johnson	Jara Cann	
	٩	JOSEPH K.	Johnson 4732 Wa	Nymber or Aural Acute Number, Cipy or Jown, State, Zip Keffeld Rd 201	Batto 2121
OR 6 ma tor, p		20s METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ramo 1 Donation 5 Other (Specify)	val from State 20b. PLACE AND DATE OF OISPOSITION (Name completely, cremetory or properties)	ch. Cem. 4-8-94 Che	Stefown, Md
ALTIMO death. Page e funeral direc d.		21. SIGNATURE OF FUNERAL SERVICE LICE		ADDRESS OF EACILITY West	
BALT after death. by the funera moval.		evome t	1' Thumpson JR 430	D Wabash A	ve
ours or re		bhock, or heert fellure. L	omplications that caused the deeth. Do not enter the mode lat only one cause on each line.	of dying, such as cardiac or respiratory arm	Approximate Interval Between Onset and Death
O. BOX 68760, certificate be executed with ing physician and completely filled prijer to burial, cremation, of other traumatic event, the m		disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):	of Infarcleas	Onest and Death
	N	Sequentially list conditions,	cornary an	las Direas	
SOX ate be ex prior to prior to	SATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):		
DS, P.O. BOX 68 he death certificate be exect the attending physician and Mental Hygiene prior to bu ijury, or other fraumati	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):		
IDS, P.O. If the death certifically the attending phy defined Hygiene injury, or other	CER	0			
RDS nat the and Mand My Inju	CAL	PART II. Other significent conditions	contributing to deeth but not resulting in the underlying of	ceuse given in Pert I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Meduires that the been signed by to pt. of Health and shows any in	MEDIC	510	CAB 6	1 TYES 2 NO	OF DEATH?
AL R e law re has been Oept. o		25. WAS CASE REFERRED TO MEDICAL			
上年 報 報 五	SICIAN	FW 4 MAINTENA	HOSPITAL: OTHER:	CE OF DEATH (Check only one)  5 □ Rasidenca 6 □ Other (Specify)	
OF PHYSIC this ce with th	/ РНУ	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK	TY AT 28d. DESCRIBE HOW INJURY OCC	UREO
DIVISION  OR ATTENDING F  DIRECTOR: After  hours after death  item 28 is mar	ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)	28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
	APLET	(Check only one)	IAN: To the best of my knowledge, dasth occurred at the time, date en	nd place, and due to the cause(a) and manner es state	od.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: It	COM		On the beels of examination end/or investigation, in my opinion, dear		
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: II	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER 29d. DATE	SIGNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)		
		31. DATE FILED Month, Pay, Year 1994	JULIA CHURSON RENEALL		
		1 1334	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		



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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OVER ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Journ's after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	In 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the under the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th

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FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First, Middle								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	Nellie G. K	reisel 5. SEX							April 2	. 1994	_	M
	4. SOCIAL SECURITY NUMBER 217-20-8453	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS, MIN.	7. DATE OF BIRTH (Month, Day, Year, Oct. 27,	1912	Counti	PLACE (State or Foreign y)		
	9a. FACILITY NAME (If not institution	n, give street and number)	81		9b. CITY	, TOWN (	R LOCATIO	ON OF DE			NTY OF D	1
FUNERAL DIRECTOR	4720 Ridge Rd	l.				Fι	ller	ton		Ва	ltim	ore
E		COUNTY		10c. CIT	Y, TOWN (	OR LOCAT	ION					tod, INSIDE CITY
ä	Maryland	Baltimore					ller					1 YES 2 X NO
RAI	4720 Ridge Ro	1				101	ZIP CODE	236		10g. CIT	USA	WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. ARI	MED	13.	WAS DEC			IIC ORIGIN? (Specify	Yea or No-		- American Indian.
BY F	1 Never Married 2 Merrie	d FORCES?	YES 2 N	10	- 1	If yes, sp	200 NO	n, Mexicer	n, Puerto Rican, atc.)		Speci	k, White, etc.
ED B	3 Wildowed 4 Divorced							2900				White
E	15. DECEDENT (Specify only highes	st grade completed)	(Gi	CEDENT'S  ve kind of a  Do NOT us	WORK done	CCUPATIO	on st of workin	g	16b. KINO OF	BUSINESS/INI	DUSTRY	
COMPLET	7th grade	College (1-4 or 5	+)		ewif				Hom	emakir	חמ	
SON	17. FATHER'S NAME (First, Middle, L.	ast)	· ·				16. MOTH	IER'S NAI	ME (First, Middle, Male		.9	
BE	Joseph Kreite								et Benny			
0	190. INFORMANT'S NAME (Type/Print Vernon Kreise	4	196						Route Number, City or		,	
	20a. METHOD OF DISPOSITION		20b. PLACE A		2 237			Trig	Grove, P	d. I/C		nern. Stefa
	t X Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specifi	Removal from State  y)	cemetary, crer	natory or o	thar place)			tarv	4/5/94			
	21. SIGNATURE OF FUNERAL SERV	170.0	(		22.	NAME AF	D ADDRES	S OF FAC	al Home	الكاللهما	we,	MU
	Lasseln	June	U Hom	E					Rd. Balti	more.	Md.	21236
	23. PARTY. Enter the disease	e, or complications the	at ceueed the de	eth. Do r	not enter	the mo	de of dyl	ng, auch	as cerdiec or re	apiratory er	rest,	Approximate
	IMMEDIATE CALICE (Final											
	e. ACUTE MYDCARDIAL INFARCTION  OUE TO (OR AS A CONSEQUENCE OF):  ARTERIOSCLERATIC CARDIOVASCILLAR DISCASE											
NO.	Sequentielly list conditione,		COR AS A CONSEC			CAL	DIO V	ASC	MAR	HISE	7756	
CAT	if any, leading to immediate cause. Enter UNDERLYING	)	(0.1.1.0.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	02.102 0.	,.							
CERTIFICATION	CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE OF	F):							
EH.	resulting in death, EAST	d					-					
AL (	PART II. Other eignificent cor	nditions contributing to	death but not re	auiting i	in the un	derlying	cause g	iven in i	Part I. 24a. WAS	AN AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL										2 NO		COMPLETION OF CAUSE OF DEATH?
												1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDI	CAL				20 PI	ACE OF D	ATM (Cha	ick only one)			
PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER A Nur	₹:			8 Other (Specify)			
Ή	27. MANNER OF DEATH	28a. DATE Of (Month, I	INJURY	28b. TIM	-	28c. INJ	URY AT	adence .	28d. DESCRIBE HO	W INJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investig	9	709, 1001/	1143	M		RK? 'ES 2	NO				
3 Suicide 8 Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not be 28. Could not b							Route Number,					
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8		PHYSICIAN: To the best of CAMINER: On the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the ba										) end manner as stated.
2	296. SIGNATURE AND TITLE OF CE	RTIFIER	Oren	n			29¢. LICE	NSE NUM	IBER	29d, DAT	E SIGNED	(Month, Day, Year)
0	30 NAME AND ANDRESS OF PERS	ON WHO COMPLETED CALL	SE OF DEATH (ITEM	27) (Type	Print)		210		<i>V</i>		7 41	74
1	Teodulo J. F					hila	adelp	hia	Rd. 2123	7 (687	7-88]	L8)
	APR 0 7 199	3 DEGISTA	AR'S SIGNATURE									
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DIVISION	

		1 - STATE OF MARYLAND / DEP CERT	ARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.							
	1	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH						
	10	CHONG IN KIM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthd	ly) IF UNDER 1 YEAR IF UNDER 24 HRS.	ADRIL 2	1994 3:45 PM						
9	1	216-98-6623 10M2 MF 82 YR	MONTHS DAVE MOURS MIN	(Month, Day, Year)	a. BIRTHPLACE (State or Foreign Country)  KOREA						
3 should	œ	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH						
1, 2,	CTOR	MERIDIAN BRIGHTWOOD	Kuxton		BALTIMORE						
Pages	DIRE	MARY LAND BALTIMORE 10c.	CITY, TOWN OR LOCATION  OCKEYSVILLE		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 📈 NO						
020 physician. bunial-transit permit.	AL	10e. STREET AND NUMBER	101. ZIP CODE	1	10g. CITIZEN OF WHAT COUNTRY?						
Cian. I-transi	FUNER	302 LORD BYRON LANE HOT.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED	101 21030 13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes or	V.S.A.						
5-0020 nding physician is the burial-trai	BY FI	1 ☐ Never Merried 2 ☐ Merried FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexica 1 TES 2 NO Specifi	n, Puerto Ricen, etc.)	Black, Whita, etc.						
r attending	ED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working	16b. KIND OF BUSIN	I KOREAN NESS/INDUSTRY						
\$ 5 N	PLET	Elementary/Secondary (0-12) College (t-4 or 5+) life. Do NO	T use retired.)								
4 2 5 5	COMPL	5 YRS. A7	HOME 18. MOTHER'S NA	ME (First, Middle, Malden Su	ırname)						
1 2 2 X	BE	HONG S. KANG  190. INFORMANT'S NAME (Type/Print)  190. MAII	YOUNG		<u> </u>						
5 5 5	5	DAL SOO KIM 845	ING ADDRESS (Street and Number or Rural)		State, Zip Code) 2/030 COCKEYS VILLE						
		1>4 Burlat 2 Cremation 3 Removal from State cemetery, crematory	TE OF DISPOSITION (Name of or other place)	DATE 20c. LOCA	NTION — Cify or Town, Stata						
E- 0 D		4 Donetion 5 Other (Specify)  21. SIGNATURE OF PUREAU SERVICE LICENSEE	VALLEY MEYN GAR.	GILITY 94 / IMOI	NIUM, MD.						
A de la la la la la la la la la la la la la		EVANS CHAPEL OF CHIMES 2325 YORK ROAD -TIMONIUM									
urs aft in by r remo		23. PART Poter the disesses, or complications that ceused the death. Death ahock, or heart failure. List only one cause on each line.	o not enter the mode of dying, suc	h as cerdisc or respirat	tory srrest, Approximate Interval Between						
the the		IMMEDIATE CAUSE (Final disease or condition prosulting in death)			Onset and Death						
68760.  Recuted with a completely fill bund, cremation atic event, the		DUE TO (OR AS A CONSEQUENCE	(OF):	0	DAYS						
execute and co o buna	NO	Sequentially list conditions, if any, leading to immediate	NEUROVEGET	ATTUE S	TATE YEARS						
	ICAT	Cause. Enter UNDERLYING CAUSE (Disease or injury									
Certi O Hygie	ERTIFICATION	that initiated evants reaulting in death) LAST	OF):								
OS, For the death Mental	O	PART II. Other significant conditions contributing to death but not resulting	g in the underlying cause given in	Part i. 24a. WAS AN AU	JTOPSY 24b. WERE AUTOPSY FINDINGS						
That that by h and h and i	MEDICAL		g and the distance of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same	PERFORME  1   YES 2	ED? AVAILABLE PRIOR TO						
TAL RECO The law requires th the has been signed ate Dept. of Health em 23 shows an					OF DEATH?  1  YES 2 NO						
e law has b Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Ch	ack only one)							
	YSIC	EXAMINER?  1   YES 2   NO   HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DO.	OTHER:	6 Other (Specify)							
O FF state o		1 Natural 5 Pending (Month, Day, Year)	TIME OF 28c. INJURY AT WORK?  M t YES 2 NO	26d. DESCRIBE HOW INJU	URY OCCURED						
NOING NOING R. After er death Is man	D BY	2 Accident Investigation 3 Suicide 8 Could not be building, stc. (Specify)		261. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,						
DIVISION OR ATTENDING F DIRECTOR: After thours after death Item 28 Is mar	ETE	4 Homicide datarmined									
로 작은 =	COMPL	CERTIFYING PHYSICIAN. In the beet of my knowledge, death occurred to the best of axamination end/or investig									
TO THE HOSPI TO THE FUNER be filed within	BE C	290) SIGNATURE AND TITL OF CHARLES	29c. LICENSE NUM		29d. DATE SIGNED (Month, Day, Year)						
DE SE SE SE SE SE SE SE SE SE SE SE SE SE	5	30. AAM AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (2)	D349	152	April 4,1994						
		DR. JOHN THOMAS EVELIUS	5444 BELAIR	RD.							
2	Ĭ	APR 7 1994 July during Control 1994 July during Control									
		APR 07 1994 Juli Davidson Revolate			DHMH-16 Rev 1/89						

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	FOR	STATE OF MARY	I AND / DEDAI	TMENT OF USA	ITU AND MEN	TAL HVOLEN		
	1 - STATE REGISTRAR	OTATE OF MANT	CERTIF	ICATE OF D	EATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH	v v	S. TIME OF DEATH
	Ralph W. Kiser	5. SEX 6. AG			Ar	oril 3,	1994	3.28 1.11
		5. SEX   6. AG	E (In yrs. last birthday) YRS.		URS MIN. (A	ATE OF BIRTH North, Day, Year)		BIRTHPLACE (State or Foreign Country)
-	Sa. FACILITY NAME (If not institution, give street		, Tho.	9b. CITY, TOWN OR L		pt.1,19		aneytown, Md.
8	1111 Hollandsworth	. ,	nome)	Joppa, Ma			Harf	
DIRECTOR	RESIDENCE OF DECEDENT				ary rana		Hari	014
=	Maryland Harfor	ad		Y, TOWN OR LOCATION	1			10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	.u		oppa, Mary				1 TYES 2 NO
FUNERAL	1111 Hollandsworth	n Road			21085		-	S.A.
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECEND	ENT OF HISPANIC OF	IIGIN? (Specify Yes		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify	Cuban, Mexican, Pue NO Specify:	rto Rican, etc.)		. RACE — American Indian, Black, White, etc. Specify:
ED B	16. DECEDENT'S EDUCAT	TION	T		1100			white
	(Specify only highest grade co.	College (1-4 or 5+)	(Give kind of life, Do NOT u.	USUAL OCCUPATION work done during most of the retired.)	working	16b, KIND OF BUS	SINESS/INDUS	TRY
교	7th.	College (1-4 or 5+)	Heavy ed	uip. opera	ator	C. J. l	angen	felder
COMPLET	17. FATHER'S NAME (First, Middle, Last)				MOTHER'S NAME (FI			. 02002
BE	George Kiser				Vergie K			
2	198. INFORMANT'S NAME (Type/Print) Mrs. Pearl M. Kise	or (wife)	195. MAILING	ADDRESS (Street and N	umber or Rural Route I			
	24a. METHOD OF DISPOSITION			Hollandswo				
	1 Burlai 2 Cremation 3 Remova	al from State	ob. PLACE AND DATE	or disposition (Name of the place) Ith Ceme . To	opout 4	DATE 20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE)	TILITLY LO	22. NAME AND A	DORESS OF FACILITY	-94] Tar	leytow	n, Ma.
	1 = 44	2006	n )		Belair Ro			
	23. PART I. Enter the diseases, or con	mplications that cause	ad the death. Do a	Kingsv	ille. Md.	21087		
	shock, or heart failure. Cia	at only one cause on	aach iina.		n cyling, secti as t	cardiac or respi	ratory srresi	Approximate interval Between Onset and Death
	disease or condition resulting in death)	Panc	really.	(ana	nom	2		Onset and Death
	resoluting in death) / a	DUE TO (OR AS	A CONSEQUENCE OF	7:				
No	Sequentially list conditions.							
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	7:				
ᆵ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	j:				<u> </u>
CERTIFICATION	resulting in death) LAST							
1 .	PART ii. Other significant conditions of	contributing to desth	but not resulting	n the underlying car	use given in Part i	. 24a. WAS AN	AllTopey	24b. WERE AUTOPSY FINDINGS
MEDICAL		25				PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
밀						1 TYES 2	X100	OF DEATH?
N N								1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	10001741			OF DEATH (Check only	y one)		
VSI	1 VES 2 NO	IOSPITAL:	tpatient 3 DOA	OTHER: 4 - Nursing Home 5	☐ Rasidence 6 ☐ C	Her (Specify)		
H	27. MANNER OF DEATH 5 Pending	26e. DATE OF INJURY (Month, Day, Year)		URY WORK?		DESCRIBE HOW IN	JURY OCCUR	ED
19	Accident Investigation	26e. PLACE OF INJUR	IV — At home te— e	M 1 YES	- 12			
	Homicide 6 Could not be determined	building, atc. (Sp.	ecify)	trust, factory, office		City or Town, State)	nd Number or I	Bural Route Number,
W.	CERTIFIER 1 X CERTIFYING PHYSICIA	N: To the best of my kno	wladae death accurr	d at the time date and	alana and disable to			
COMP								suse(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CONTINER	MI a			LICENSE NUMBER			NED (Mghth, Day, Year)
I WI I	2107	Degran	PM		124m	70	14	4/90
O BE						1,0		L VT
TO BE	30. NAME AND ADDRESS OF PERSON WHO C							
	Dr. Narang (Ashok	) 2 North	Avenue	rm) Suite #102	Belair,	Md.21014	410-	-877 <b>-</b> 7595
			Avenue		Belair,	Md.21014	410-	-877 <b>-</b> 7595

BALTIMORE, MARYLAND 21215-0020	critificate be executed writhin Jours after death. Page 6 may be retained by the hospital or attending physici	of physician and completely filled in by the funeral director hape 5 should be detached for use as the burial of
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D. BOX 68760,	TE	O D

	-	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN		
		t. DECEDENT'S NAME (First, Middle, Last)				· ·	2. DATE OF DEATH MONTN D	AY YEA	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	Kech 5. SEX 8. AGE (In				Ч	1 94	3:30 am m
p		369 - 38 - 5567	1 □ M 2 ⋈ F 54	yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/29/	39 19	IRTHPLACE (State or Foreign ountry)
. 2, 3 should	DIRECTOR	FAILSTON GOOD		)	Falls	TO A	ATH	Harto	
Pages 1,	JEC	10e. STATE 10b. COUNT	Υ	10c. CITY	, TOWN OR LOCAT	TION			10d. INSIDE CITY
mit. Pa		PARYLAND HA	RFORO		DEL AIR				t YES 2 NO
15-0020 ending physician. as the bunal-transit permit.	FUNERAL		ent Court		101	A1013		10g. CITIZEN C	OF WHAT COUNTRY?
20 ysiciar irial-tra	N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN L FORCES? 1 YES	J.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	s or No- 14. R	IACE — American Indian, llack, White, etc.
215-0020 attending physician	ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES		2 NO Specify			pecity A) H
Se at 21	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	6e. DECEDENT'S I	ork done durina mo	ON ost of working	16b. KIND OF BU	SINESS/INDUSTR	4
D 21 spital or red for u	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ATT					
YLAND by the hospital be detached to at once.	MO	17. FATHER'S NAME (First, Middle, Last)	1717.		Hors	16. MOTHER'S NA	ME (First, Middle, Meiden	Surneme)	
RYLAI ed by the I uld be deta	BE C	STEWART O.	VANDIRPOO	LI		PLICE	KRick	NEAH	
MARYLAND 2- retained by the hospital of 5 should be detached for notified at once.	2	190. INFORMANT'S NAME (Type/Print) RAY R KSSCH			f		Route Number, City or Tow	n, Stete, Zip Code	3
Page		200. METHOD OF DISPOSITION	20h P	LACE AND DATE O	EDISPOSITION /No		DATE 20c. LO	CATION - CITY O	MARYLAND
BALTIMORE, after death. Page 6 may be by the funeral director, page amoval. Ilcal examiner must be in		1 Buriel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	ROSOS O	F FA. T	A	4-4 Ras	20ALS	MARYLAND
death. Page tuneral directions		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	ND ADDRESS OF FA	L CHAPL	BUR.	Da
BALT after death. by the funera moval. cal examin		Koron to	1 anon		300	WPART	DRIVE 1	77.290	H.M. 21050
S = 2			complications that caused t List only one cause on eac	he death. Do no h ilna.	ot enter the mo	da of dying, suc	h aa cardiac or reap	Iratory arrest,	Approximate interval Between
tely fille mation,		iMMEDIATE CAUSE (Final disease or condition resulting in death)	SMAN	CELL	Lym	PHCY	TIC LY	mPHor	A 10 9 R
N 2 2 - 9	2		DUE TO (OR AS A C	ONSEQUENCE OF	):		•		
2 ra 0 E	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF	):				
O. BO certificate by fing physicial sygiene prior other train	FICA	CAUSE (Disease or injury	c. DUE TO (OR AS A C	ONSEQUENCE OF					
DS, P.O. BOX he death certificate be to the attending physician Mental Hyglene prior to higher, or other traun	ERTI	that initiated eventa resulting in death) LAST	d.		,.				į
S, le deat the atta Menta	O	PART II. Other algniticant condition	na contributing to death but	not resulting in	the underlying	n cause given in	Part i. 24s. WAS AN	VARITUAL	24b. WERE AUTOPSY FINDINGS
y and at the	EDICAL	FEVER	/ INFECT	oN.		g g.v	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
RECOR requires that open signed by of Health an shows any	MED	BOWEL	OBSTRUC	TON				, and	OF DEATH?  1 YES 2 NO
		KIDNEY	MILLE	RE					
T the state of	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Che			
FI 5 9 E	PHYS	27. MANNER OF DEATH	28s. DATE OF INJURY	26b. TIME	OF 28c. INJ	URY AT	8 U Other (Specify)  26d. DESCRIBE HOW I	NJURY OCCURED	
ON OING PHYS After this death with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		PRK? YES 2 NO			
TISIC NTTENOI STOR: A after d	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	At home, term, st	reet, factory, office	•	28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
	7		ICIAN: To the best of my knowled						
HE HUSPITAL RE FUNERAL RE WITH 72 ORTANE II	COM	MIEDICAL EXAMIN	ER: On the baels of examination e	nd/or investigation	i, in my opinion, d	eath occured at the	time, date end place, en	nd due to the ceu	se(e) end menner ee atated.
D S S S S S S S S S S S S S S S S S S S	TO BE	296. AGNANGHIL AND TITLE OF CERTIFIE	a & M	21	PA	29c. LICENSE NUN	BER	29d. DATE SIGN	YED (Morth, Day, Year)
(A)	)-	AME AND ADDRESS OF PERSON WI	EDWANDS	H (ITEM 27) (Type.	Print)	712 1	SELAN	- IR	y / ha/a
		APR 0 7 1994	Julia Savidson Rom	URE	-	77.00	1	0	27047

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a neural after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE	OF	DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
	RUSSELL KE	LLY						APRIL	04	1994	4:22 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	f birthday)	IF UNDER 1 Y	_	IF UNDER 24 HRS.	7. DATE OF I	BIRTH	8. BIRT	HPLACE (State or Foreign
	217-40-3172	1 <del>x</del> xM 2 □ F	49 yrs	YRS.	MONTHS D	MYS	HOURS MIN,		5/1945	Cour	Ohio
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	OWN OF	R LOCATION OF D			COUNTY OF	
æ	UNION MEMOR	TAL HOSE	ΡΤͲΔΤ.				IMORE		1.333		
K	RESIDENCE OF DECEDENT	11001	7 7 7 7 7 7 7		זע	711 T	IMORE	CIII			
DIRECTOR	10e. STATE 18b. COUNTY	Y		10c. CIT	r, TOWN OR	LOCATI	ON				10d. INSIDE CITY
ā	Maryland -			Ba	ltimo	re					LIMITS?
7	10e. STREET AND NUMBER			1 Du	TCIMO	_	ZIP CODE		10.0	CITIZEN OF	WHAT COUNTRY?
FUNERAL	4404 Ealla E	0004					21211			J.S.A	mar coommit
Z I	4404 Falls F	12. WAS DECEDENT	EVER IN II C AR	MED	40.110						
	1 Never Married 2 Married	FORCES? 1	YES 2 N	10	If y	es, spe	NOENT OF HISPA	n, Puerto Ricar		0- 14. RAC Bla	CE — American Indien, ck, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 -	YES :	NO Specif	<b>y</b> :		Spe	
	15. OECEDENT'S EDUC	CATION	180 DE	CEDENT:0	USUAL OCCU	IDATIO					White
COMPLETED	(Specify only highest grade	completed)	(Gi	ve kind of w	vork done duri	ing most	t of working	16b. KIN	ID OF BUSINES	S/INDUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+	)		- 1 Jan 6-21						
Ž.	10th	_		Dis	abili						
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middl	le, Maiden Surna	me)	
BE		Andrew K	elly				Bess	ie DeHa	art		
6	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (S	treet an	d Number or Rural	Route Number, C	City or Town, Sta	te, Zip Code)	
	Carron Hannon			4404	Falls	Ro	ad, Bal	timore.	Md. 2	21211	
	20a. METHOD OF DISPOSITION		20b. PLACE	ND DATE	F DISPOSITION			DATE	20c. LOCATIO		ľown, State
	1 ☼ Burial 2 ☐ Cremation 3 ☐ Remo	oval from State	Woodla			2017	0	1.107/0	Balt	imoro	Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	TWOOT	IWII_C			ADDRESS OF FA	CILITY	+ Dait	THIOTE	, Mu
	· 6.60	1.	F /1		A.	A1	an Seit	z. Jr.	Funera	1 Hom	e
1	Mula	n He	4 /								
	23. PART I. Enter the diseeses, or o shock, or heart fellure.	complications that	ceused the de	eth. Do n	ot enter the	e mod	le of dying, suc	h se cerdiec	or respirator	y errest,	Approximats
	IMMEDIATE CAUSE (Finel	List only one caus	se on eech line.								Onset and Dasth
	disesse or condition	52	sita	5h	JSO						1 / 434
	resulting in death)	eAUE TO	OF AS A CONSEC	DUENCE OF	D:	-					CAN
-	_	Bil	1 FORA	1	NIPE.	NA	NIAR				13/00
<u>ō</u>	Sequentially list conditions,	DUE TO	OR AS A CONSEC	UENCE OF	):						Jany
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	GA	te1-	Mts	rites	LAV	Alex	LING			12/025
윤	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSEC	1		1	DIC	al			
EI	resulting in deeth) LAST				,-						i (I
剪		d		_							
	PART II. Other significant condition	s contributing to	death but not re	esulting I	n the unde	rlying	cause given in	Part I. 24s	. WAS AN AUTO	PSY 24	b. WERE AUTOPSY FINDINGS
EDICAL		-							PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								—   ¹º	YES 2 N	°	OF DEATH?
Σ											1 TES 2 NO
ž											
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				28. PLA	CE OF DEATH (Ch	eck only one)			
S	1 YES 2 NO	1) Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	Home	5 Residence	8 Other (Sp	ecify)		
된	27. MANNER OF DEATH	28a. DATE OF (Month, Da	NJURY	28b. TIMI	OF 28	c. INJU	RY AT	28d. DEŞCRII	BE HOW INJURY	OCCURED	
	1 Naturel 5 Pending	(MONIN, De	y, reary	1143			S 2 NO				
BY	2 Accident Investigation 3 Suicida a Could not be	28a. PLACE OF	INJURY — At hor	me, ferm, s	treet, fectory.	office		28f. LOCATIO	N (Street and No	imber or Rural	Route Number.
	4 Homicide datermined	building, a	etc. (Specify)						wn, State)		
COMPLETED	29a. CERTIFIER										
릴	(Check only										
ő	2 MEDICAL EXAMINE	R: On the basis of ex	emination and/or i	nveatigation	n, In my opin	lon, da	ath occured at the	time, data and	place, and dua	to the cause	(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	3					29c. LICENSE NUI	MBER	294	DATE SIGNE	D (Month, Day, Year)
8	C MMX	M.O					AT 2 U 2	20111	CILL	1.00	
임	30. NAME AND ADDRESS OF PERSON WHO		F OF DEATH ATEL	1 27) /%	Orine)		4/27	00-176	511	Maril	04, 1994
	Paoles U 11.	A The	4		1 1/	01	1 -		0.44	ο,	
	CAKES M. MATES M.	A INS		RMOR	A HOS	614	1 201	E-UNIV	! PARK	nay but	timers 1MO 21218
- 1	31. DATE FILED (Month, Day, Year)	32. PAGISTRA	Auction Ra	. 1 11		1				1	1
1	APR 07 1994	P 1 9 1									

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DIVISION OF VITAL RECORD	15	IN FALL MECTOR: After this certificate has been signed by the
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APR 0 7 1994

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF HI			_	
	1. OECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICATE OF	DEATH	REG. N	0.	3. TIME OF DEATH
	Irene Elizat		LEWIS			April 1	1994	5:45 P M
	4. SOCIAL SECURITY NUMBER 216-01-6048		(In yrs. lest birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 11		BIRTHPLACE (State or Foreign Country) Maryland
	Se. FACILITY NAME (If not institution, give a	^	/ 3	9b. CITY, TOWN OF	LOCATION OF DE		_	Y OF DEATH
DIRECTOR	Franklin Square				ville			imore
I H	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCATE				10d. INSIDE CITY LIMITS?
٦	Maryland Ba.	ltimore			le River	·	Y	1 TES 2 NO
FUNERAL	2232 Southorn Rd			107.	21220		USA	N OF WHAT COUNTRY?
N N	11. MARITAL STATUS	t2. WAS DECEDENT EVER I FORCES? 1 YES				HC ORIGIN? (Specify	fee or No — 14	I. RACE — American Indian, Black, White, atc.
₽	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		NO Specify	n, Puerto Rican, etc.)		Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)		USUAL OCCUPATION work done during mos se retired.)		16b. KIND OF E	USINESS/INDUS	STRY
MPLE	Elementery/Secondery (0-12)  12th grade	College (1-4 or 5+)		ct Clerk		Dept.	of Def	ense
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid	en Surname)	
B B	John Frederick  190. INFORMANT'S NAME (Type/Print)		105 MAII INO	4000000 (O	Marie	Betz Poute Number, City or 1		
2	Deborah M. Lewis		The second second	MacBeth		kesville,		,
	20e. METHOD OF DISPOSITION 1 🕅 Burtel 2 □ Cremation 3 □ Rem 4 □ Donetion 5 □ Other (Specify)		b. PLACE AND DATE OF Meters Cremelors of O			1		y or Town, State e, Maryland
TO BE	21. SIGNATURE OF FUNERAL SERVICE LI		en E	Lass		eral Home Rd. Balt	o. md.	21236
year, me meutal	23. PART I. Enter the diseases, or shock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Anoxic enc	each line.	thy	e of dying, such	h as cerdiec or rea	piratory erres	Approximate interval Between Onset and Death
TION	Sequentielly list conditions, if any, leading to immediate	b. DUE TO (OR AS	A CONSEQUENCE OF	F):	-			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	C. DUE TO (OR AS	A CONSEQUENCE OF	F):				
CER	resulting in deeth) LAST	d						
MEDICAL	PART II. Other significent condition	ne contributing to deeth i	but not resulting i	in the underlying	ceuee given in	PERF	AN AUTOPSY ORMED? 2 🐒 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL/	ICE OF DEATH (Che	eck only one)		
SIC	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	petient 3 DOA	OTHER:		8 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH  1 🔀 Natural 5 Dending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF 28c. INJU	RY AT	28d. DESCRIBE HON	V INJURY OCCU	REO
	3 Suicide 8 Could not be 4 Homicide datermined	26a, PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, a	street, fectory, office		28f. LOCATION (Stree City or Town, Sta	et end Number or te)	Rural Route Number,
COMPLETED		ICIAN: To the best of my know						Cause(e) end manner ae stated.
TO BE C	, 29b. SIGNATURE AND LITTLE OF CERTIFIE	wr.			29c. LICENSE NUN	IBER	29d. DATE S	SIGNED (Month, Day, Year)
-	Dr. Kiumarce Kash				Baltimor	e, Maryla	nd 212	37

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15-0020 ending physician. DIVISION OF VITAL RECORDS, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de

	1. DECEDENT'S NAME (First, Middle	e, Last)		FICATE OF I		REG.	н	3. TIME OF DEAT
	Love Ryder Lee	9				MONTH 4	4 g	EAR 4:30
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Fo
	253 44 6653	5 1 □ M 2 💢 F	b.5 YRS.	MONTHS DAYS	HOURS MIN.	JAN. 27	1000	Country)
	9e. FACILITY NAME (If not institution			9b. CITY, TOWN OR	LOCATION OF OE			Y OF DEATH
CTOR	STELLA MAR	of 920H Zi	\$	Tow	0.200		BAL	Timar
2	RESIDENCE OF DECEDE	COUNTY		ITY, TOWN OR LOCATIO				
DIRE	MARYLAND (			-				10d. INSIDE CITY LIMITS?
AL C	10e. STREET AND NUMBER	SALITMOR	<u> </u>	linoni	ZIP CODE		10m CITIZEI	1 YES 2 X
ERA	103 AYLES	21.0V R-	an		11001		log. Citizes	1 5 0
FUNE	11. MARITAL STATUS		NT EVER IN U.S. ARMED	13. WAS DECEN	NDENT OF HISPANI	C ORIGIN? (Specify	Ves or No.— 14	I. RACE — American India
	1 Never Merried 2 Merrie		1 YES 2 NO	if yes, spec	Ify Cuban, Mexican			Black, White, etc.  Specify:
BY	3 Widowed 4 Divorced				. pa ito opposit			WHITE
LED	15. DECEDENT (Specify only higher	r'S EDUCATION st grade completed)	(Give kind of	S USUAL OCCUPATION work done during most	of working	16b. KIND OF	BUSINESS/INDUS	TRY
LET	Elementary/Secondary (0-12)	College (1-4 or 5	Min Do NOT /	use retired.)	•			
COMPL	13XKZ.	4 YRS.	AT	Home				
8	17. FATHER'S NAME (First, Middle, L	-			18. MOTHER'S NAM	NE (First, Middle, Ma	iden Surname)	10
BE	SOLUARI						oK	
2	190. INFORMANT'S NAME (Type/Pris	nt)	19b. MAILIN	IQ ADDRESS (Street end	d Number or Rural A	oute Number, City or		10000
•	20e, METHOD OF DISPOSITION	F	17533	5 190	HYL S			MINITEDAL
	1 ☐ Burlel 2 5 Cremation 3		cemetery, crematory or		e of	1 Hack	LOCATION — CH	m. mi
	4 Donation S Other (Special 21, SIGNATURE OF FUNERAL SEE		- GRUN	22 NAME AND	ADDRESS OF FAC	7 94 6	Allino	of I Jary La
		F /		EVANS	S CHAP:	ELOF CH	lines	
	House To	Nones		1222	1/-1/			•
	IMMEDIATE CAUSE (Final		at coused the death. Do		YORK of dying, such	as cardiac or n		Approximinterval B
TION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate	es, or complications the ellure. List only one ce	use on each life.	OFF:	_		eapiratory arrea	t, Approxima
ICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Sequentially list conditions,	es, or complications the ellure. List only one ce	O (OR AS A CONSEQUENCE O	OF):	1838382		eapiratory arrea	t, Approxima
ITIFICATION	ahock, or heert for immediate cause. Enter UNDERLYING	es, or complications the ellure. List only one ce	O (OR AS A CONSEQUENCE	OF):	1838382		espiratory arrea	t, Approxima
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WAN PER 1	S AN AUTOPSY STORMED? SS 254 NO  OW INJURY OCCUP  Treet and Number or Stated. It manner as stated. It manner as stated. It manner as stated. It manner as stated.	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF C OF 0EATH? 1 YES 2 1

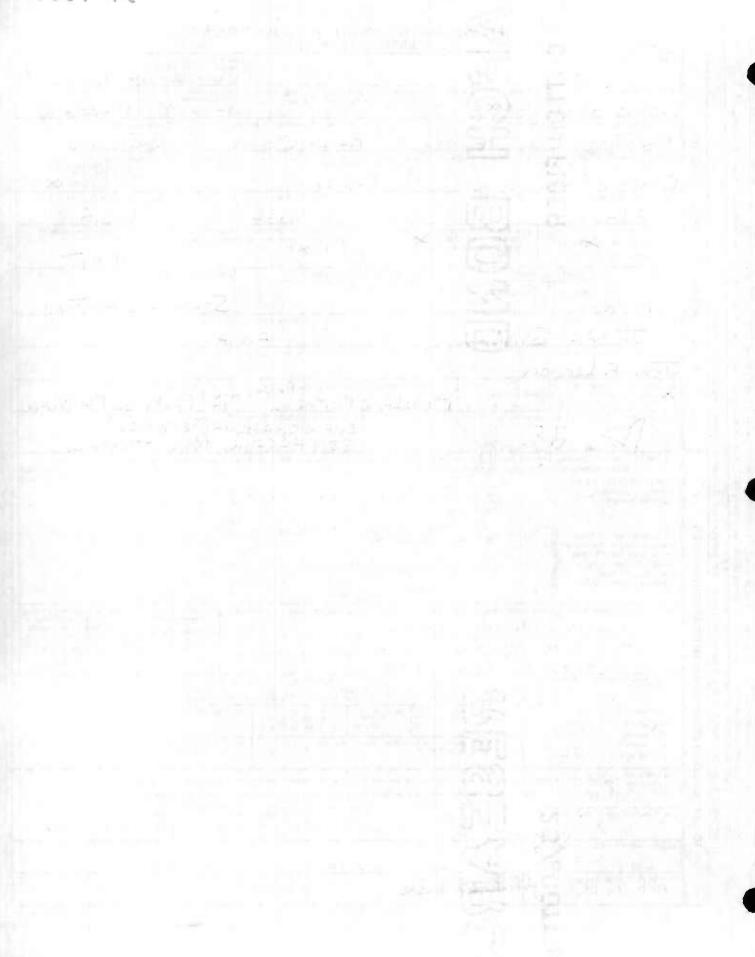
<b>MARYLAND 21215-0020</b>
BALTIMORE, N
BOX 68760,
BOX
P.O.

DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the burial-transit permit. Pages 1, 2, 3 should TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	SINIE UF MANT		MENT OF HEALTH		REG. NO.				
4	1. DECEDENT'S NAME (First, Middle, Last)  MARY	A.		ENNON	MON	E OF DEATH TH DAY  4-2-90	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  215 05 47 47  9a. FACILITY NAME (If not institution, give si	1 □ M 2 🔀 F	83 YRS.	IF UNDER 1 YEAR IF UNDI HONTHS DAYS HOURS 9b. CITY, TOWN DR LOCAT	MIN. (Mor	OF BIRTN th, Day, Year)  - /4-/ D  - gc. COUN	8. BIRTHPLACE (State or Foreign Country)  ARY AND  TY OF DEATN			
ECTOR	RESIDENCE OF DECEDENT		RAL 10c. CITY,	RANDALLS TOWN DR LOCATION	nword	BA	LI MORE  10d. INSIDE CITY			
RAL DIR	MARYLAND BALT	TIMORE		ARASY 101. ZIP CO	DE	10g. CITI2	1 VES 2 ND			
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1   YES IF YES, GIVE WAR DR	S 2 NO	13. WAS DECENDENT If yes, specify Cut 1  YES 25 NO	en, Mexican, Puerto	N? (Specify Yes or No—	14. RACE — American Indian, Black, White, etc. Specify:			
APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of worl	ding	S. AC.RAM	S FACTORY			
COMPL	17. FATNER'S NAME (First, Middle, Last)			18. MO		Middle, Maiden Surname)				
BE	J055814 2	MADRIZ			Anne	}				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIND	DDRESS (Street and Numb	er or Rural Route Nur	nber, City or Town, State, Zip	Code)			
	JOHN F. TIUVO	0								
	20a. METHOD OF DISPOSITION  DK Burlel 2 Cremation 3 Inches	ovel from State Cs	Ob. PLACE AND DATE OF emetery, cremetory or oth	DISPOSITION (Name of	ARK HOA	6 0 1 -	-0 1			
	4 Donation 6 Other (Specify)		TORELAN		7	4 PARKY	IL MARYLAI			
	21. SIDNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  EVANS CHAPLOF ROS PARKVILLE  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapfratory erreat, Approximate									
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	4		STINAL FAIL	BLEED		Interval Betwoonset and De			
2		DUE TO (DR AS	REXIA!	EAI!	DRE-					
ERTIFICATION		DUE TO (DR AS	RENAL  B A CONSEQUENCE OF		URE					
AL CERIIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  COROMARY	DUE TO (DR AS  DUE TO (OR AS  d.  a contributing to deeth  ARTERY t	B A CONSEQUENCE OF)  B A CONSEQUENCE OF)  but not resulting in	the underlying cause		24s. WAS AN AUTOPSY PERFORMED? 1 UPS 2 ND	AMILABLE PRIOR TO			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

	Pages 1.		
	permit.		
TILE ROSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL OR A	AL DIREC	2 hours	If Item
HOSPIT	FUNERA	1 within 7	STANT: 1
E	TO THE	be filed	IMPO

2

31. DATE FILED (Month, Day, Year)

APR

071994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) HARLES

50

Fishe Burden Bondall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF OEATH 3. TIME OF DEATN Love April 19:44 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 2/28/1908 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAVE 1 M 2 F 220-14-4896 86 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN eaton BALTIMORE DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1713 N. ROSEDALE U.S.A. 21216 AVE. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 AND 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2XX Married IF YES, GIVE WAR OR OATES Specify: BY 3 Widowed 4 Divorced AFR. AMERICAN COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) UNKNOWN College (1-4 or 5+) HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ARTHUR CARROLL EMMA CARROLL BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 1713 N. HENRY LOVE ROSEDALE AVE BALTO. MD 21216 20e. METNOD OF DISPOSITION

W XBurlel 2 Cremation 3 Removal from State
4 Donetion 5 Tother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State MD NATIONAL PARK LAUREL MD 4/9/94 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 MU 23. PART I Enter the diseases, or compile ations that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure sist only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** dispuse or condition praulting in death) DECUBITUS VICER MOS DUE TO (OR AS A CONSEQUENCE OF): VASCULAR DIS. PERIPHERAL CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO MALITUS COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA Nursing Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner es stated. (Check only one) / MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 31

3

BALTIMORE

OHMH-16 Rev 1/89

A1216 4

DHMH-16 Rev 1/89

		1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIF	ICATE OF	HEALTH AND		IYGIENE REG. NO. 8.		
	le le	DECEMENT'S NAME (First, Middle Last)	- Luden	ACE D. LI			2. DATE OF MONTH	DAY	YEAR 3.	TIME OF DEATH
Pin	- 11	4. SOCIAL SECURITY NUMBER 482-28-5330	1 □ M 2 □XF 85	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	7 08	8. BIRTHPL Country) IOWa	ACE (State or Foreign
. 2, 3 should	стов	9a. FACILITY NAME (If not institution, give s  Jenkins Memorial  RESIDENCE OF DECEDENT			Baltimo	OF LOCATION OF DI	ATH	9c. COU	NTY OF DEA	FH
nit. Pages 1,	DIRE	MD 106. STATE 106. COUNT	Υ		y, town on Loca ltimore	TION				Od. INSIDE CITY LIMITS?  YES 2 NO
an. ransit permit. I	NERAL	3320 Benson Ave.			10	21229			ZEN OF WHA	AT COUNTRY?
21215-0020 al or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	CENDENT OF HISPAN Decify Cuban, Mexica 3 2 NO Specifi	n, Puerto Rica	pecify Yes or No— I, etc.)	14. RACE — Black, V Specify:	-American Indian, White, etc. White
12 p o p	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Se. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION done during more retired.)	ON ost of working	16b. KJP	O OF BUSINESS/INC	USTRY	
YLAND 2 by the hospital be detached for at once.	COMPLET	12. 17. FATHER'S NAME (First, MIXSN, Lest)	1	Person	nnel	IA MOTHER'S NA		ederal Go	overn	ment
AYL dby th	BE C(	Roy L. Day				Mary F				
MAR retained to 5 should notified	5	Leroy F. Day				Road, Mt.		City or Town, State, Zip	771	
RE, page of be		20g, METHOD OF DISPOSITION 1 ①, Burlal 2 □ Cremation ② □ Rem 4 □ Donation 5 □ Other (Specify)	ovel from State FFR	ACEANDDATE	or pisposition in	ame of	DATE 3/9	20c LOCATION - Stuart	City or Town	, State
ALTIN bath. Pag uneral di aminer		21. GIGNATURE OF FUNERAL BERVIOLUS	ENSEX	Q,			ral Ho	ome, Inc.		MD 21227
o. C. BOX 68760, in certificate be executed within 24 anding physician and completely fill Hygiene prior to burfal, cremation, or other traumatic event, the	RTIFICATION	23- PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	List only one cause on each	DISEQUENCE OF	?: , );	or dying, each		or respiratory arr		Approximata interval Between Onset and Death
HECORDS  requires that the been signed by the t. of Health and M. shows any injury.	: MEDICAL CE	PART II. Other significant condition P. S. Ku	s contributing to deeth but		n the underlyin	g cause given in		. WAS AN AUTOPSY PERFORMED? YES 2 NO	AN CC Of	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
VITAL AN: The law tificate has t e State Dept r item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH (Ch	ock only one)			
HESICIAN: THE SEATE WITH THE STATE WITH THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE WHEN THE STATE W	PHYS	1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatie	28b. TiM	4 Mursing Hom E OF 28c. INJ	IURY AT		ecity) BE HOW INJURY OCC	CURED	
After his death with	ВУР	1 Accident 5 Pending Investigation	(Month, Day, Year)		M 1 🗆	YES 2 NO			140	
28 % S S S S S S S S S S S S S S S S S S	TED	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY — building, atc. (Specify)	At home, ferm, s	dreet, factory, offic	:0	28f. LOCATIO City or To	N (Street and Number wn, State)	or Rural Rout	e Number,
- E E E E	COMPLETED	and .	CIAN: To the best of my knowleds							nd manner as stated.
TO THE HOSPITAL OF TO THE FUNERAL DE FIED WITHIN 72 NO IMPORTANT: If IN	H	29b. SIGNATURE AND TUTLE OF CERTIFIE	un I			29c. LICENSE NUN		29d. DATI	SIGNED (M	lonth, Day, Year)
F F A E	5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print) RS &			smil	(M)	212,
1/		31. DATE FILED (Month, Day, Year) APR 0 7 1001	32. REGISTRADE SIGNATU	PRE						- 0

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death cartificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Merital Hyghene prior to bunkal, cremation, or removal.
MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF HEA	ALTH AND I	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)	Anna				2. DATE OF OEATH		3. TIME OF DEATH				
	L-YDIA	A LEE					4 9	4 6.45 Pm				
	4. SOCIAL SECURITY NUMBER		MOM		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign Country)				
	213-38-5137	1 □ M 2XX F 7	g vas.			07-11-19		Maryland				
œ	Se. FACILITY NAME (If not institution, give st	reet and number)	. 9b.	CITY, TOWN OR I			9c. COUNTY	OF OEATH				
5	Harbor Hospital			Balt	imore C	ity						
REC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION		2.1		10d, INSIDE CITY LIMITS?				
□	Maryland	Baltimore			Dunde	ilk		1 TYES 2 NO				
RAL	3138 Baybrier Ro	ad		10f. ZI	P CODE	1222		of what country? ted States				
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS OECEDENT EVER IN	IS ARMED	12 WAS DECEM		IC ORIGIN? (Specify Ye						
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO		y Cuban, Maxica	n, Puarlo Rican, atc.)		RACE — American Indian, Black, White, atc.				
ВУ	3 ☼ Widowed 4 ☐ Divorced			1 723 2	ZUNO Specify			spocky: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)	(Give kind of work	done during most o	f working	16b. KINO OF BU	ISINESS/INDUST	RY				
3	1 0th Grade	College (1-4 or 5+)	life. Do NOT use reti			0.0	la cala c					
M	17. FATHER'S NAME (First, Middle, Last)		Sign N		MOTHER'S NA	ME (First, Middle, Maider	lurphy (	.0.				
	John Herman Mey	10 h				Bertha Ba						
) BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street and		Route Number, City or Tox		(e)				
٤	Michelle M. Pen	dergast	3138 E	Baybrier	Road	Dundalk,	Marylar	rd 21222				
	20a. METHOD OF DISPOSITION 1 © Buriel 2 © Cremation 3 © Remo	20b. f	PLACE AND DATE OF DI	SPOSITION (Name	of	DATE 20c. L	OCATION - City	or Town, State				
	4 Donation 5 Other (Specify)	1 Occordita off respect of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the										
Ш	Duda-Ruck Funeral Home of Dundalk, Inc.											
- 1	Jul 111.	tary		_ 7922 W	lise Au	2. Dundal	k, Mary	<i>jland</i> 21222				
	23. PART I. Enter the diseeses, or c shock, pr heert fellure. I	omplications that caused t List only one cause on each	the deeth. Do not e ch line.	nter the mode	of dying, suci	h as cardlec or resp	iretory srrest,	Approximate Interval Between				
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  • SEPTICEMIA AND SEPTIC SHOCK											
	resulting in deeth)	DUE TO (DR AS A	CENIA	AND	) II	110 71	IDER					
7	DUE TO (PR AS A CONSEQUENCE OF):											
15	Sequentially list conditions, If any, leading to immediate  b. Due to (or as a consepuence of):											
CA	ceuse. Enter UNDERLYING CAUSE (Disesse or injury	- HEV-1	e Ke	nal	tail	ure						
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AC	CONSEQUENCE OF):	0								
CEF		l	THE MAN	12.								
AL	PART II. Other significent conditions	contributing to death bu	t not resulting in th	e underlying c	euse given in	Part i. 24a. WAS AI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDIC						1 _ YES	2 10	COMPLETION OF CAUSE OF DEATH?				
						_		1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:		HER:	E OF DEATH (Che							
Ή	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	26c. INJUR	r AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES	? 2 🗌 NO							
ED	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Specifi	At home, farm, street	, factory, offica		281, LOCATION (Street City or Town, State	and Number or R	lural Route Number,				
	4 Homicide detarmined											
COMPL	anal .	CIAN: To the best of my knowled										
Ö	2   MEDICAL EXAMINE	R: On the basis of stamination	and/or investigation, in	my opinion, deat	h occured at the	time, data and placa, a	nd dua to the ca	use(s) and manner as stated.				
BE	296. SIGHATURE AND TITLE OF CERTIFIER	$\gamma$		21	C. LICENSE NUN	IBER	29d. DATE SIG	GNED (Month, Day, Year)				
21	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	H (ITEM 27) (Sono Ori	>			1 04	04-94				
	COXEGOEV NAMA	The MAD H	AR RID	Hospi	AL. A	SALTMAN	26	han				
	31. DATA EN ED IMPTOPULO A	2. REGISTRAN'S SIGNA	URE	1-011	7 6	MACI IMA	49	V -				
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1 - STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Lost)  LEONARD ANTHONY MIKULSKI									MONTH 4	-	6	94	5:30
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest $205\ 12\ 5726$ $1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $					IF UNDER 1	YEAR DAYS	HOURS	24 HRS.	7. DATE ( (Month: Q_1	5-22		Coun	
	9s. FACILITY NAME (If not		21	/1		96. CITY, 1	TOWN DE	R LOCATI	ON OF DE		7-22	9c. COU	NTY OF I	
CTOR	VA MEDICAL		?			FOR	T H	OWAR	D			BAI	LTIN	ORE
DIRECT	PESIDENCE OF DE 10e. STATE Md.	10b. COUN	timore			town on								10d. INSIDE C LIMITS? 1 YES 2
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E COMPL	17. FATHER'S NAME (First, Anthony		кi						HER'S NAI		liddle, Meiden	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) Gladys L. Mikulski  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2825 Lodge Farm Road Edgemere, Md. 2121									219 Ap				
	20a. METHOD OF DISPOS	tion 3 🗆 Res	novel from State	20b. PLACE	AND DATED	F DISPOSIT	ION (Nan	me of	4/11	0ATE	20c. LC	DOS N	City or T	own, State
	4 Donation 5 Other (Specify) GdTTTSUTT FOTEST VECS. 4/11/94 OWINGS MILITS,  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY													
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NO	disesse or condition resulting in death)	iltions.	CONGES	IC RENAL O (OR AS A CONSEC STIVE HE	OUENCE OF ART F	): 'AILUI						oiratory srr	TOEK,	Approx Interval Onset s
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Ira Berger, M.D.

31. DATE FILED (Month, Day, Year)

APR 071994

2. REGISTRAR'S SIGNATURE

an.	ACIUM Let this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	funer	1	
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	FOR	STATE OF N	MARYLAND /	DEPAR	TMENT OF	HEAITH AND	MENTAL HYGIEI	NF.		
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last, Edna N				ICATE OF		REG. NO  2. DATE OF DEATH MONTH MARCH 17	D.	an 3. TIME OF DEATH 1425 M	
	4. SOCIAL SECURITY NUMBER 281-16-1434								BIRTHPLACE (State or Foreign Country) Ohio	
TOR	90. FACILITY NAME (If not institution, give Shady Grove Ad		Hospit	tal	96. CITY, TOWN ROCK	OR LOCATION OF D VILLE	EATN	Mont	gomery	
DIRECTOR		lerick		10c. CIT Fr	ederic	K	> 1		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	3299 Raymonds	Way				21701		10g. CITIZE	S . A .	
B	3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	TEVER IN U.S. AR V YES 2 N AR OR DATES 3/12-1	Ю	If yes, s _i	cendent of Nispa pecify Cuben, Mexico S 2 NO Specifi	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) fy:	es or No 14	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)		(Gi	ive kind of a Do NOT us	usual occupati work done during m se retired.) intant	ON ost of working	columb of Edu			
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10 8										
	20c. METNOD OF DISPOSITION  **EXPlanted 2 Cremetion 3 Removal from State  4 Donetion 5 Other (Specify)  20c. PLACE AND DATE OF DISPOSITION (Name of MCCOTTYCE) PS TROP   12 Cem.  20c. LOCATION - City or Town, State  MCCOTTYCE PS TROP   12 Cem.  3 -21 MCCONNELS VILLE, Ohio									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  IVES—Pearson Funeral Homes  Arlington, Va. 22201									
	23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cau	esused the de ee on each line emic Bo	•	not enter the me	ode of dylng, suc	ch es cerdisc or res	piratory srres	t, Approximats interval Batween Onset and Death	
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ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
	that initiated events resulting in deeth) LAST	d.								
PHYSICIAN: MEDICAL C	Atrial File Renal Inst	on	ng Cause given in	PERFO	248. WAS AN AUTOPSY PERFORMED?  1 YES 2X NO  246. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 X NO					
JAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		neck only one)							
HYSIC	1 YES 2 NO	HOSPITAL: 1 1 Inpatient 2 1	INJURY	INJURY OCCU	RED					
Mg A	2 Accident Investigation	(Month, D	ey, Year) F INJURY — At ho		M 1 □	JURY AT ORK? YES 2 NO				
ETED	4 Homicide determined	building,	atc. (Specify)			City or Yown, State)				
COMPLET	296. CERTIFIER 1 CERTIFYING PNY: (Check only one) 2 MEDICAL EXAMIN								euse(e) end menner ee stated.	
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIC	~	n0.			29c. LICENSE NU D44157		29d. DATE S	IGNED (Month, Day, Year)	
1	Ira Berger, M		Veirs	M 27) (Type Mi]	Ll Road	l, Rocky	ville, Mo	d. 208	351	
	31. DATE FILED (Month, 'Day, Year)	2. REGISTRA	R'S SIGNATURE							

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RECTOR: After this certificate has been signed by the attending physician and completery filled in by the funeral director, page 5 should be detached for u		
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	1 - STATE REGISTRAR	STATE OF MARYLAND / D	EPARTMENT OF H		ENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	11.00	2 1 1 2 2		2. DATE OF DEATH MONTH DAY	VEAD	3. TIME OF DEATH				
	CLARA		CALDO	AFI			4:35Am				
	213 - 09-9941	- / / 4.	YRS. WONTHS DAPS	IF UNDER 24 HRE.	Month, Day, Year)	96 a. BIRTH	PLACE (State or Foreign V) Italy				
OR	9e. FACILITY NAME (If not institution, give str	Hospital	96. CITY, JOWN C	40 Cet	TH ST	9c. COUNTY OF D					
TRESIDENCE OF DECEDENT 10s. CITY, TOWN OR LOCATION											
Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospital  Hospit											
AL	100. STREET AND NUMBER  4307 Arabia Ave.  101. ZIP CODE  102. CITIZEN OF WHAT  103. ZIP CODE  104. ZIP CODE  105. CITIZEN OF WHAT  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 (XINO)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— FORCES? 1 YES 2 (XINO)  14. RACE— Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Black, WI Bla										
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BY FUR	11. MARITAL STATUS  1 Never Married 2 Warried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 ☐ YES 2 X NO IF YES, GIVE WAR OR DATES	If yes, sp	ENDENT OF HISPANIC ecity Cuben, Mexican, 2 [A NO Specify:	ORIGIN? (Specify Yee or Puerto Ricen, etc.)	No- 14. RACE Black Specifi	- American Indian, White, etc.				
	15. DECEDENT'S EDUC	ATION 16a DECE	DENT'S LISUAL OCCUPATIO	nn -	165 KIND OF BURIN	ESS/INOLISTRY	,,,,,				
LETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondery (0-12) 12 yr S  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) HOUSEWIFE  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surneme)										
OMI	17. FATHER'S NAME (First, Middle, Last)	110	, ascwire	18 MOTHER'S NAME	(First, Middle, Maiden Su	memel					
	Carlo	Mainolfi		Ameli		Dors	i				
TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Tina Martin	19b. M	Same as #10		ite Number, City or Town, S	State, Zip Code)					
	200. METHOD OF DISPOSITION	20b. PLACE AND	D DATE OF DISPOSITION (Ne		DATE 20c. LOCA	TION — City or Tox	wn, State				
	1 Burlei 2 Cremetion 3 Remo		v Redeemer	April 9,1	994 Bal	timore,	MD				
	21. SIGNATURE OF FUNERAL SERVICE LICE			ID ADDRESS OF FACIL		nore, MD					
	Paul I Ha	tooch is	Leona	ard J. Ruc	ck.Inc. 53	305 Harf	ord Rd.				
	23. PART I. Enter the diseases, or co	omplications the caused the desthilst only one cause on each line.	h. Do not enter tha mo	de of dying, such a	s cardiac or respirat	tory errest,	Approximete				
	IMMEDIATE CAUSE (Final						intarvsi Between Onset and Dasth				
	disasse or condition resulting in death)	ACUTE		515			2-3012				
		DUE TO (OR AS A CONSEQUE		- 1040	PNEUMO	C. A	7-8017				
CERTIFICATION	Sequantially list conditions, b.	BILA (E)		ONCO	INCUMO	717	1-800(2				
SAT	If sny, leading to immediate csuse. Enter UNDERLYING						į				
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUE	ENCE DF):	1 1 1 1 .			1 7				
ER	resulting in death) LAST	GENERAL	DEBIC	17971	OM		6-7MONTH				
AL	PART II. Other significant conditions  D & C U B 1 1	contributing to deeth but not rest	ulting in the underlying	g causa givan in Pa	24a. WAS AN AU PERFORME	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC							DF DEATH? 1 YES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. Pt OTHER:	ACE OF DEATH (Check	only one)						
HYSI	1 TYES 2 NO	1 Inpatient 2 ER/Outpatient 3	DOA 4 Nursing Hom	e 5 🗆 Rasidence 6							
0	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	and the second second	RK?	8d. DESCRIBE HOW INJU	JRY OCCURED					
B	2 Accident Investigation	28e. PLACE OF INJURY — At home,		/ES 2 NO	8f. LOCATION (Street and	Alumber or Burnt G	louis Alumbac				
LED	4 Homicide 8 Could not be	building, etc. (Specify)	, room, and an and an analysis of the		City or Town, State)	Nomber of Noral P	oute Number,				
Ë	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge, death	occurred at the time date	and place, and due to	the cause(s) and manne	r on stated					
COMPLET		On the besis of exemination end/or inve					end menner es atated.				
C	294. SIGNATURE AND TITLE OF CERTIFIER		4.	29c. LICENSE NUMBE		9d. DATE SIGNED					
0 8	Joseph D. No	larangels 1	M.D.	DO 73			6-1994				
F	30. NAME AND ADDRESS OF PERSON WHO	1 / 2004	T) (Type, Print) RCCY // P	p Bu	elf. M	W					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		7550		` '					
	4-6-900 07	1994 Jalia Davoles	or Kardell								

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Mich VICTOR	J.	MAG	7 K O					2. DATE O	F DEATH	ik.	9YEAR	3. TIME OF OEATI	_
	VICTOR J. MASZKO  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR   IF UNDER 24 HRS											-	7:25	Ам
1	220-20-4352	65		MONTHS DAVE MOURE MAN			7. DATE OF BIRTH (Month, Day, 16ar) 12/28/28			8. BIRTHPLACE (State or Foreign Country) MD				
TOR	99. FACILITY NAME (If not institute 1420 ANDRE	STREE		1				ORE CI			9c. COUN	TY OF D	EATH	
DIRECTOR		L COUNTY	•			ALT		RE CITY	7				10d. INSIDE CITY LIMITS? LXXYES 2 \( \square\) NO	
FUNERAL	1420 ANDRE	STREET				-	101	. ZIP CODE	21230		10g. CITIZ		WHAT COUNTRY? USA "	
B	11. MARITAL STATUS 1 Never Married 2 Men 3 Widowed XX. Divorced	IF.	AS OECEDENT & PROCES? ACT YES, GIVE WAR MY , 195	OR DATES		- 1	f yes, sp		ican, Puerto Rican, etc.)				4. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDER (Specify only high Elementary/Secondary (0-12) 5th	NT'S EDUCATION nest grade complete College	ed) ge (1-4 or 5 +)	(G	. Do NOT use	ork done o	during mo	DN st of working	16b.	KIND OF BUS	SINESS/IND	USTRY		
	17. FATHER'S NAME (First, Middle, VICTOR MASZ)							18. MOTHER'S NA			Sumeme)			
TO BE	190. INFORMANT'S NAME (Type/F MARY E. CO)			190	1504	ADDRESS LA	(Street a	nd Number or Rural BE PARK	Aoute Number	r, City or Town	n, State, Zip ALTIN	code) MOR]	E, MD 2	123
	20a METHOD OF OISPOSITION 1 Burlel 2 Cremetion 3 4 Donation 5 Other (Spe	cify)	m State	20b. PLACE / cemetery, cre HO	ANO DATE O	FDISPOSI Per piecel ROS	S C	me of EM .	4/9		CATION — C		wn, State E, MARY	LAN
	21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE	7	~		22. C	HAR:	ID ADDRESS OF FA	STEV				HOME,	INC
CERTIFICATION	Sequentially list conditions if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	Б	OUE TO (OF	R AS A CONSEC	OUENCE OF	):	1-3 0	novs	3 444	1010 }		23/		
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in						g csuse given in	0.2-0.	PERFOR	MED?		WERE AUTOPSY FINANALABLE PRIOR 1 COMPLETION OF COOP DEATH?	TO AUSE	
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER? 1 XIXES 2 \( \) NO	HOS	PITAL:	P//hytostlant 9		OTHER	l:	ACE OF DEATH (Ch						
	27. MANNER OF OEATH  1 Netural 5 Pend	ling 26	Be, DATE OF IN. (Month, Day,	JURY	26b. TIME	OF	28c. INJ WO			RIBE HOW II	NJURY OCC	URED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, State)  28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State)													
COMPLETED	000)							end piece, and due					e) end menner ee sto	sted,
10 BE	29c. LICENSE NUMBER  O. C. M. E  29d. DATE SIGNED (Month, Day, M. D. APRIL 6, 19									4				
	30. NAME AND ADDRESS OF PER	1.160	non	111	Pen	Print) In S	tre	et, Ba	ltimo	ore,	Mary	lar	nd 2120	1
	APR 0 7	1994	Julia da	SIGNATURE	rdall									



BALTIMORE, MARYLAND 21215-0020

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Jesse Miller Nathanae P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 2. DATE OF BIRTH 2 94 1 M 2 - F HOURS YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH University of Mary and Hospita Balti more DIRECTOR Pages 1, 2, 3 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY West Chester 1 YES 2 NO be detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? North Drive 19380 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE -- American Indian, Black, White, atc. s, specify Cuben, Mexican, Puerto Rican, etc.)
YES 2 NO Specify: 1 Never Married 2 Married Specify: COWHITE BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jesse Miller DIANA BAUMANN BE page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nu mber or Rural Route Number, City or Town, State, Zip Code 2 North HII Dr JESSE EUGENE MILLER 925 19380 2 2 Thours after death. Page 6 may 1 filled in by the funeral direction on the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the con 29a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must UPPER CROSS ROADS CEMETERY 4/6 4 Donation 6 Other (Specify) . BALDWIN, MD 21. SIGNATURE OF FUNERAL SERVICE LANDIE examiner 22. NAME AND ADDRESS OF FACILITY CHARLES L. STEVENS FUNERAL HOME, INC. 1501 E. FORT AVENUE, BALTO. MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hasrt fallure. List only one cause on each line Interval Between n and completely filled la to burial, cremation, or Onset and Death IMMEDIATE CAUSE (Final disease or condition the Pulmonary hy hypoplasia event, resulting in deeth) executed with Multicystic Dysplastic Kidneys
DUE TO JOR AS A CONSEQUENCE OF: traumatic CERTIFICATION attending physician and Sequentially list conditions. If sny, leading to immediate cause. Enter UNDERLYING 2 prior that the death certificate CAUSE (Disesse or Injury other signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 10 Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES 2 NO OF DEATH? shows a requires 1 YES 2 NO peen 6 PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? State certificate HOSPITAL: OTHER DR ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 6 Other (Specify) the 6 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, With this 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY After death 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined DIRECTOR: A hours after d item 28 is 40 COMPLETED 4 Homicide 29e. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated, one) FUNERAL within 72 h = HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IS m, death occured at the time, data and place, and due to the cause(a) and menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Levei 14/3/94 Ellen Jox MD D 33573 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) APR 07 1994 32 AEGISTRAR'S DIGNATURE

DHMH-16 Rev 1/89

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign MARYLAND

> 10d. INSIDE CITY LIMITS? TYNES 2 NO

14. RACE — American Indian, Black, White, etc.

9c. COUNTY OF DEATH N/A

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

> Specify: BLACK

Steel

330 P

REG. NO.

2. DATE OF DEATH

4

1. DECEDENT'S NAME (First, Middle, Last)

Wendel

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9		217-24-5141		1- M 2 - F	62	YRS.	MONTHS	DAYS	HOURS	MIN,	(Month 04-	16- 3	31	Cou
2, 3 should	OR	98. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  SINAI HOSPITAL  BALTIMORE									ATH		9c. COL	UNTY OF
	DIRECTOR	RESIDENCE OF DEC	10b. COUNTY											
020 physician. burial-transit permit. Pages	ERAL	100. STREET AND NUMBER 2446 SHIRL	Ave					101	zip codi					TIZEN OF
-0020 ing physician the burial-tran	BY FUNI	11. MARITAL STATUS 1 Never Merried 2 3 Nidowed 4 X Divi		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W			14	yee, spe	city Cuba	of HISPAN n, Mexicar Specify	n, Puerto R	? (Specify Ye licen, etc.)	e or No.—	14. RA Bio
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial an once.	ETED		CEDENT'S EDU			Sa. DECEDENT'S (Give kind of life. Do NOT us	work done du	CUPATIO uring mos	N st of workin	ng	16b.	KIND OF BU		DUSTRY tee
AND 2 the hospital detached fo	鱼	10TH		N/A		LABO	DRER				BE	THLEH	EM 8	TTE
YLAND 2- by the hospital of the detached for	COMPL	17. FATHER'S NAME (First, A							16. MOTI	HER'S NAI	ME (First, N	fiddle, Meiden	Sumame)	
AYL d by		WENDELL MO		SR.							EMMC			
be retained to 5 should	2	190. INFORMANT'S NAME ( CALVIN MCI				3217 V								
FORE, e 6 may be ector, page		20e. METHOD OF DISPOSITION  1 XX Burlel 2 Cremation 3 Ramoval from State 4 Donetion 5 Other (Specify)							04-12		INGS N			
BALTIMORE, there death. Page 6 may be the funeral director, page yal.		21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE						SS OF FAC		.01 E.	NODI	mii a
ORDS, P.O. BOX 68760 that the death certificate be executed with hoo or by the attending physician and completely filled the and Mental Hygiene prior to burial, cremation, or any Injury, or other traumatic event, the m	ERTIFICATION	disease or condition resulting in deeth)  Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuite initieted events resulting in death) LAS	diate ING ury	DUE TO	OR AS A CO	ONSEQUENCE O	rena F):					24a. WAS AMPERFOI		2
AL REC te law requires has been sign Dept. of Heal	AN: ME								ACE OF D	EATH (Che	ock only one	1 VES	≥ □ NO	
	1 (7) [	EXAMINER?		HOSPITAL:	ER/Oulpation	ent 3 🗆 DOA	OTHER:		5 🗆 Re	sidence	6 🗆 Other	(Specify)		
〇 美麗華		27. MANNER OF DEATH  1 Netural 5 2 Accident	Pending Investigation	28a. DATE OF (Month, Da	INJURY ay, Year)	28b. TIM	E OF 2	RBc. INJI WOI		NO	28d. DE\$	CRIBE HOW	INJURY OC	CURED
TISIC TTENDI TTOR: A after d	<u>a</u>	3 Culaida	Could not be determined	28e, PLACE Of building,	F INJURY — etc. (Specify)	At home, ferm,	streel, fector	ry, office	)			ATION (Street or Town, Stete		or Rura
Z 7 2 =		onel		CIAN: To the best of R: On the basis of ex										
TO THE HOSPITAL TO THE EUNERAL De filed within 72	TO BE C	30. NAME AND ADDRESS O	Ta	u_	SE OF DEATH	I (ITEM 27) (Туре	Print)		29c. LICE	ENSE NUM	BER		29d. DAT	TE SIGNI
63H		31. DATE FILED (Month, Day,	07 19	94 July	R'S SIGNATU	Lor-Royd	II,							

HEM STTEEL own, State, Zip Code) D 21207 OCATION — City or Town, State WINGS MILLS, MD . NORTH AVENUE piratory arreat, Approximate Interval Batween **Onset and Death** 24b. WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO INJURY OCCURED t end Number or Rural Route Number, anner ee stated. end due to the cause(e) end manner as stated. 29d. DATE SIGNED (Month, Day, Year) OHMH-16 Rev 1/89

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND							IYĞIENI REG. NO.	E	, ц	10.	) ( )
	Anna Parzynski								DEATH DA	94	YEAR	3. TIME OF 8:15	DEATH M
1	4. SOCIAL SECURITY NUMBER 215 14 9379  9a. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (In yrs. 1 M 2 NF 90	YRS.	IF UNDER	DAYS	HOURS	MIN.		ly, Year)	3	Country	d	or Foreign
TOR	Manor Care Nurs	,			rows		ON OF DEA	ATH			ity of DE	-	
DIRECTOR		timore		y, town o Moniu		ION						10d. INSIDE LIMITS 1X YES	7
FUNERAL	3 Maymont Court					2109	3			USA	ZEN OF W	HAT COUNT	RY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	ARMED	- 1	l yes, sp			C ORIGIN? (S., Puerto Ricar		or No—	14. RACE Black, Specify	- American Whita, etc.	,
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	DECEDENT'S (Give kind of the Do NOT us HOUSEV	work done o	CCUPATIO	ON st of working	10	16b. KIN		At Ho			
BE CON	17. FATHER'S NAME (First, Middle, Leat)  Larry Nowicki  18. MOTHER'S NAME (First Elizabet)							eth Si	e, Malden S urdic	Sumame)			
5	190. INFORMANT'S NAME (Type/Print) Adam Parzynski							Rural Route Number, City or Town, State, Zip Code) ium, Md. 21093					
	20e. METHOD OF DISPOSITION 1 R-Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	ral from State cametery	crematory or o	ther placel			, 4.	DATE - 7-94		dalk		rn, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICE	D. Zulu			harl	es S	.Zei	ler &	Son	Inc.			
	IMMEDIATE CAUSE (Final	propilections that caused the set only one cause on each li	ne.	not enter	the mo	de of dy	ing, such	as cerdisc	Or reapir	ratory arm	eat,	interv	oximate al Between t and Death
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CEI	PART ii. Other aignificant conditions	contributing to deeth but no	t resulting	in the un	derlying	] ceuse (	given in F		PERFORI	MED?		WERE AUTOF AMAILABLE P COMPLETION OF DEATH? 1 YES 2	OF CAUSE
SICIAN		HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA	OTHER	1:			ck only one)	ectly)				
BY PHY	AT MANUFOLDS OF STATE						28d. DESCRI	BE HOW IN	JURY OCC	CURED			
0	3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY — At building, etc. (Specify)	home, larm,	etraet, facto	ory, office	•		261. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural Ro	ute Number,	
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred et the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred et the time, data and place, and due to the cause										and manner	as stated.		
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	2.4 /	-	h			NSE NUMI			29d. DATE	SIGNED	(Month, Day,	Year)

cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS A CONSEQUENCE OF):		
PART II. Other aignificant condit	ions contributing to deeth but not resulting in the underlying ceuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

	1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred et the time, data and place, and due to the cause(a) and manner as stated.
one)	

P39297

30. NAME AND ADDRESS	OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	EM 27) (Type, Print)

MICHAL

9005 RO , M.O. HARFORD ROAD. PARKVILLE, Mb. 31. DATE FILED (Month, Day, Year)
APR 0 7 1994

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<b>BALTIMORE, MARYLAND 21215</b>	retained by the hospital or attend
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ALT	death.
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Pages 1, 2, 3 should

permit.

requires that the death certificate be executed 687 DIVISION OF VITAL RECORDS, P.O. BOX ATTENDING PHYSICIAN: The law

THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	INDOCTINE History 20 is morked or item 22 shows one interest or other transmission much he most find at some
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CERTIFICATION

MEDICAL

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25. WAS CASE REFERRED TO MEDICAL

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8 Could not be

determined

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RICHARDSON 5, April 1994 2:32 Gregory 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 44 7851 1 M 2 - F HOURS YRS. 10v.19 1AR 9a. FACILITY NAME (If not institution, give 9b, CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR FRAN HOSPIT QUARE zlaOr Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY PARYLAM Mols 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8912 AVONDA DAO 21234 A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Not4. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merrie If yes, specify Cuben, Mexican, Puerlo Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2- NO Specify BY 3 Widowed 4 Divorced MHIL COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify (Give kind of work done life. Do NOT use retired.) ndary (0-12) College (1-4 or 5+) ARPENTIN 12785 n2Oco W SIRUETA 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) R RICHARDS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2034 2 PRYL 20e. METHOD OF DISPOSITION

1 → Burlal 2 □ Cremation 3 □ 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City 9 18 RKWOOD 4 ☐ Donation 5 ☐ Other (Specify) ARY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FO LIAAHS ENAVS 8800 HARLEDRO AR 23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory Approximate ahock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition . Acute myocardial infarction reaulting in death) DUE TO (OR AS A CONSEQUENCE OF Hypertension Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST

PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? Tobacco abuse, alcohol abuse

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 TES 2 NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one)

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Reeldence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. (Check only one)

ination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end menner se stated

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4,0. D28947 April 5, 1994

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) James D'Orta 9000 Franklin Square Dr. Baltimore, Maryland 21237 Dr.

32. REGISTRAN'S SIGNATURE 1994

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DIVISION OF VITAL RECORDS, P.O. BOX 68:

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTI CERTIFIC	MENT OF HEA		MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, La	st)	0				OF DEATH		3. TIME OF DEATH
	WILLIAM	HENRY	Kolf			MONTH	RCH 29	1994	4:45PM
	4. SOCIAL SECURITY NUMBER				UNDER 24 HRS.	(Month	OF BIRTH I, Day, Year)		THPLACE (State or Foreign intry)
	312-03-2346 98. FACILITY NAME (If not institution, gir		02	b. CITY, TOWN OR L	OCATION OF D	UU L		COUNTY OF	
70R	1 THURMONT	- COURT			HALL		1200	-	TMORE
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COU	NTY	10c. CITY, T	OWN OR LOCATION					10d. INSIDE CITY
	MARYLAND B	ALTIMORE	B	RRY HA	77	_			LIMITS?
FUNERAL	10e. STREET AND NUMBER	- 7 -		10f. ZI	CODE		10g.	CITIZEN OF	WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENE	ENT OF HISPAN	HIC ORIGIN	? (Specify Yas or No	- 14. RA	CE — American Indian.
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X Y	R DATES	If yea, specif	Cuban, Maxica NO Specifi	n, Puarlo R		Ble	eck, White, atc.
	15. DECEDENT'S E	U.W.Z	18a. DECEDENT'S US	IIII OOGUDATION		1			STIKO
ETE	(Specify only highest gr Elementary/Secondary (0-12)		(Give kind of work	done during most of	working	160.	KIND OF BUSINESS	INDUSTRY	C
COMPL	6 YRS		UPHOL	STER		2	GCHRAN	UP	HOLSIERIN
	17. FATHER'S NAME (First, Middle, Last)	) , =		16	MOTHER'S NA	ME (First, N	Aiddle, Malden Surnar	ne)	
BE (	19a. INFORMANT'S NAME (Type/Print)	197F	19b. MAII ING AF	DRESS (Street and I	LIAG	Bourte Atremb	WHSTL Per, City or Town, State	Zio Codel	212
TO BE	DORICE ROLL	_	1 TH	180000T	- 1	RT.	PERRY	1011	Masylas
1	20a, METHOD OF DISPOSITION 1 Burls 2 Cremation 3 R		20b. PLACE AND DATE OF D		of	DATE	20c. LOCATIO	V — City or	Town, State
	4 Donation 5 Other (Specify)		ST. JASSP	H CHURC	ME IM	95	نالا- ا	Rloc	L. MARYLA
	THE STATE OF THE PERIOR	LICENSEE		EVANS	DDRESS OF FA	O ZZC			
	23. PART I. Enter the diseases,	Nam,/		8800	HARF	ORD	ROAD-1	MARK	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Congesto	ve lout us a consequence of):	falle					Interval Betwee
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that inlitated events resulting in dasth) LAST	c	IS A CONSEQUENCE OF):						
AL.	PART II. Other algorificant condit	lons contributing to death		ha undarlying co	usa givan in	Part I.	24a. WAS AN AUTOF PERFORMED?	PSY 2	4b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Drostastic	Ca				-	1 TES 25 NO	·	OF DEATH?
AN: A									1
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE	OF DEATH (Ch	eck only one	9)		
	1 YES 2 NO 27. MANNER OF DEATH	1   Inpatient 2   ER/C	Outpatient 3 DOA 4	☐ Nursing Home 5			(Specify) CRIBE HOW INJURY	OCCURED	
۲ <u>۲</u>	1 Netural 5 Pending	(Month, Day, Yea		Y WORK?		200. 023	CHIEL NOW INSONT	OCCOMED	
TED BY PH	2 Accident Investigated 3 Suicida 6 Could not 8 4 Homicide datarmined	28s. PLACE OF INJU	JRY — At home, term, stree Specify)	at, tectory, office		28t. LOCA City o	ATION (Street and Number Town, State)	mber or Rura	I Route Number,
PLET	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my kn	Cowledge death occurred a	d the time date and	lalan and due	to the con-			
1 3 1		INER: On the beals of exemine							e(s) and manner as stated
E	29b. SIGNATURE AND TITLE OF CERTIF				c. LtCENSE NUM				ED (Month, Day, Year)
0 B		1 16-	1h		0393	297	•	MAG	RC11.30 1991
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF			0 0	- 0	Pale -		2001
	87 () Ld ") 1 SH E	111	7110 F	11111120	11 1 1	0()	1 1 () K.	111 1	1177 11370 11
	3 MONTH SILED (MODIN Day Year)	32. NEGISTRAR'S S	GNATURE .	THICEOL	0 120		1 HICK	1775	10 9 P34

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	TO THE HIGH ALL CONTINUING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be re	TO THE PARTIES. CHECKEN After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be their within a process after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI			ENTAL HYGIEN		
I)	1. DECEDENT'S NAME (First, Middle, Last)	a, k.a. Leona	ntler		2. DATE OF DEATH		3. TIME OF DEATH	
- 8	Rejohtler.	Leona	1.			MONTH OF	5 94	1825 M
- 8	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In		F UNDER 1 YEAR		7. DATE OF BIRTH	B. BIPT	HPLACE (State or Foreign
	215-09-5709 1	1 M 2 1865	74 YRS. M	ONTHS DAYS	HOURS MIN.	(Month, pay, Year)	20 Count	(Y)
	9e. FACILITY NAME (If not institution, give stree	t and number)	9	b. CITY, TOWN O	R LOCATION OF DEAT		9c. COUNTY OF I	DEATH
R	Harbor Hospital Ce	enter		Baltim	ore			
5	RESIDENCE OF DECEDENT							
DIRECTOR	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	iviD		Baı	timore				1 🗡 YES 2 🗌 NO
F.	100. STREET AND NUMBER			100	ZIP CODE		10g. CITIZEN OF	
FUNERAL	1217 Ostend Street				21230		U.S.A	
교	11. MARITAL STATUS 1:	2. WAS DECEDENT EVER IN U FORCES? 1 YES	2 XNO		ENDENT OF HISPANIC Icity Cuban, Maxican,	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No- 14. RAC Blac	E — American Indian, ik, White, etc.
B	3 ₺ Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 TYES	2/ NO Specify:		Spec	white
	15. DECEDENT'S EDUCAT		8a. DECEDENT'S US	UAL OCCUPATIO	N .	166 KIND OF BUS	I SINESS/INDUSTRY	WILL
ĒΙ	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	k done during mo:	st of working	100.1		7
립	12		Secretary	7		City G	overnmen:	+
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		occi c car v		18. MOTHER'S NAME	E (First, Middle, Maiden		
BE C	Charles Hill				unknown			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ODRESS (Street a		ute Number, City or Tow	n, State, Zip Code)	
임	Carol Ann Adler		4616 Ha	rford (	Creamery 1	Road, Whi	te Hall.	MD 21161
	20e METHOD OF DISPOSITION 1 🗗 Burlsl 2 🗆 Cremation 3 🗆 Ramova		LACEANDDATEOF	DISPOSITION (Na			CATION — City or To	
	4 Donation 5 Other (Specify)		ery, cremetory or other adon Park	Cemete	ery	4/8 Bal	timore,	Maryland
	21. SIGNATURE OF PUNERAL BERVIOE LICEN	MEE	7	22. NAME AN	D ADDRESS OF FACIL	Ambrose	F.H.of	Lansdowne
9	1	5	5	2719	Hammonds :	Frv. Rd.	Lansdown	e, MD 21227
	23. PART i. Enter the diseases, or con			1				Approximets
	shock, or heart fallure. Lis  iMMEDIATE CAUSE (Final disease or condition resulting in death)  a	OS TO (OR AS A C	tun					Interval Between Onset and Death
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in deeth) LAST  B. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						6:25 Pu	
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions of	contributing to deeth but	not resulting in	the underlying	cause given in Pa	art i. 24a. WAS AN PERFOR 1 YES 2	MED?	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PL	ACE OF DEATH (Check	k only one)		
YS	1 YES 2 NO 1	Inpatient 2 - ER/Outpati	lent 3 DDA 4	☐ Nursing Hom	5 Residence 8	Other (Specify)		
풊	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	RK?	ed. DESCRIBE HOW I	NJURY OCCURED	
à	2 Accident Investigation				ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, stra )	et, factory, office	2	Ref. LOCATION (Street & City or Town, Stete)	and Number or Rural	Route Number,
COMPLETED		N: To the best of my knowled						s) and manner as stated.
88	296 SIGNATURE AND TITLE OF CERTIFIER	file. I	frese o	Yhen	29c. LICENSE NUMB	ER	29d. DATE SIGNED	(Month, Day, Noar)
임	30. NAME AND ADDRESS OF PERSON WHO C	4	H (ITEM 27) (Type, Pri	inb/				( ]
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BALTIMORE, MARYLAND 21215-0020	same teath. Page 6 may be retained by the hospital or attending physician.	by the humans director, page 5 should be detached for use as the burial-tran
OF VITAL RECORDS, P.O. BOX 68760,	MYSICIAN: The law requires the the death certificate be secured within the contract of the pospital or attending physician.	his certificate has been signed by the attinuoung physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran with the State Dept, of Health and Mental Hydiene prior to burial, circumston, or removal.

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IIG PHYSICIAN:

DIVISION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VERA MAE RUSNACK YEAR R V 5 ac 0430 4 94 6. AGE (in yrs. last birthday) 4. 160-12-6789 --5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 05/16/15 260-17-2462 78 YRS. MONTHS DAYS HOURS MIN 1 M 2 X F PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SHADY GROVE ADVENTIST HOSPITAL DIRECTOR ROCKVILLE MONTGOMERY 10a, STATE O. COUNTY 10c. CITY, TOWN OR LOCATION ROCKVILLE 10d. INSIDE CITY MARYLAND MONTGOMERY 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 731 CARR AVENUE 20850 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rid 1 YES 2 XNO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY most of working Elementary/Secondary (0-12) College (1-4 or 5+) Data Input Operator Manufacturing 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) THOMAS B. YENGST EDITH P. WEAVER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WALTER J. RUSNACK 731 CARR AVENUE, ROCKVILLE, MD 20850 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE BALTIMORE WASHINGTON CREM 4/2 4 Donation 5 Other (Specify) LAUREL, MD 21. SIGNATURE OF FUNERAL OF 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 20707 23. PART I. Enter the dia th-Qo not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause or Interval Between IMMEDIATE CAUSE (Final) Onset and Death disease or condition resulting in death) CAK TOVI CERTIFICATION DUE/10 м Sequentially list conditions, (OR AS A CONSEQUENCE OF if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO mi PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Compatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as ateted. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) 9 31839 COMPLETED CAUSE OF DEATH (FEM 27) (3)(M. Print) 615 West mont omery AUG Roll

BALLIMORE, MANTLAND ZIZIS-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	DOMESTIFF Agent this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not a signed by the attention of the properties of the complete prior to burial, cremation, or removal.	medical examiner must be notified at once.
	OR TEMBER PHSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR AFTER MEN CONTINUED TO BE SIGNED BY THE ATTENDING PHYSICIAN AND COMPLETED FILED TO THE COMPLETED FILED TO THE STATE DEPT. OF HEARTH AND MENTAL HYGIENE PRIOR TO BUNIAL, CREMATION, Or TEMPORAL.	Them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF MAR		TMENT OF I		MENTAL HYGIEN REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Lest)  Madeline Sawyer					2. DATE OF DEATH MONTH D	AY	YEAR 3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	4/2 7. DATE OF BIRTH	/94	717 77 M
	215-22-0907	1 - M 2 XX	92 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 7/31/01	1	Baltimore, Md.
l cc	9e. FACILITY NAME (If not institution, give st				OR LOCATION OF DE	ATH	1	Y OF DEATH
DIRECTOR	Long Green Merid	ore		Balto	o.City			
) iii	10e. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
ā	Maryland Harfo	ord	Kir	ngsville				t YES 2 X NO
IA I	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	2903 Valleybrook				21087		U.S	5.A.
	1t, MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 1	ER IN U.S. ARMED	t3. WAS DEC	CENDENT OF HISPANI Decify Cuben, Mexicen	IC ORIGIN? (Specify Yes	or No- 1	4. RACE — American Indian, Black, White, etc.
Β¥	3 Wildowed 4 Divorced	IF YES, GIVE WAR O		1 TYES	S 2 NO Specify.	:		specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION WORK done during mose retired.)	ON ost of working	16b. KIND OF BUS	SINESS/INDU	STRY
릴	8	College (1-4 of 5+)	Comptome	eter Ope	rator	Bond Bal	kerv	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden		
BE 0	Frederick Charles	Steinkrau	S		Emma Tu	ırner		
0	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow		
-	Mrs. Claire R. Se		2903	Valleyb	rook Cour	t Kingsv	ille,M	1d. 21087
	20a. METHOD OF DISPOSITION 1 Å) Burlet 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE AND DATE Competery, cremetory or o IMManuel	of disposition (Nather place)	_{ame of} c.Ceme.3-	DATE 20c. LO 4-94 Bal	cation – ci	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENOGE	4	22. NAME A	ND ADDRESS OF FAC	Funeral H	ome	
Ш	6.4.1	assak		1175	O Belair	Rd. Kings	ville,	, Md. 21087
	23. PART i. Enter the disesses, or c shock, or haart fallura. I	omplications that cau	used the deeth. Do i	not enter the mo	ode of dying, such	ss cardisc or reepi	ratory srres	Approximats
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1 1	resulting in death)	DEME	•					37R.
		DUE TO (OR /	AS A CONSEQUENCE O	F):				
ERTIFICATION	Sequantially list conditions,	DUE TO (OR A	AS A CONSEQUENCE OF	F):				
CAT	If any, leading to immediate cause. Enter UNDERLYING							
Ē	CAUSE (Disease or Injury that initiated evanta	DUE TO (OR	AS A CONSEQUENCE OF	F):				
H	reaulting in death) LAST	1						
ū	PART II. Other aignificant conditions	a contributing to deal	th but not resulting	in the underlyin	a cause alven in I	Part 1. 24a. WAS AN	ALITODON	A A WEST ALTERNATION
CA				iii tiio anaanyiii	g cause given in i	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
ED						1 YES 2	NO	OF DEATH?
PHYSICIAN: MEDICA						_		1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Che	ck only one)		
Sic	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	ne 5 🗆 Residence (	B □ Other (Specify)		
Ě	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye		E OF 28c. IN.	JURY AT DRK?	28d. DESCRIBE HOW I	NJURY OCCU	RED
ВУБ	1 Natural 5 Pending 2 Accident Investigation	Imonti, Day, re	a,		YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (	URY — At home, farm,	street, factory, offic	ia .	28f. LOCATION (Street of City or Town, State)		Rural Route Number,
	4 Homicide determined					ony or rown, oteloy		
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1 1	20h BIONATURE AND TITLE OF OFFICIER							
TO BE	John a. rushit	H III MD			D146 Z	2.2	•	SIGNED (Month, Day, Yber) 4/2/94
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	PKWY,	Print) BAZ	T. , M+	0. 2121	8	
	31. DATE FILED (Month, Day, Year)	3 REGISTRARIS S	SICNATURE -					

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		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		GERTRUDE	A SMIT	3-1			APRIL 3	1994 YEAR	10:38 A.M.M
-		4. SOCIAL SECURITY NUMBER AID OF 6503	5. SEX 6. AGE	(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give s	Street and number)		PL CITY, TOWN OR			SC. COUNTY OF	DEATH
₩*	ECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	v	400 CITY	TOWN OR LOCATION			0.71.	
permit. Pages	DIR	MARYLAND BA	Willow	106. 0114,	Towson	\			10d. INSIDE CITY LIMITS? 1 YES 2 NO
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r attend	8	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a. DECEDENT'S U	SUAL OCCUPATION rk done during most of	of washing	16b. KIND OF BUSI	NESS/INDUSTRY	
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YLAND by the hospit be detached at once.	S S	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden Si	umame)	
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tely filled in mation, or t, the me		IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Coroloto	CONSEQUENCE OF	ular	a	eider	1	interval Batween Onset and Deeth
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DS, the deat of Memta injury,	AL C	PART II. Other significent condition	s contributing to deeth b	out not resulting in	the underlying c	euse given in	Part I. 24a. WAS AN AI		b. WERE AUTOPSY FINDINGS
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ICIA the the	<u> </u>	27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY	26b. TIME	OF 28c. INJURY		8 ☐ Other (Specify)  28d. DESCRIBE HOW INJ	JURY OCCURED	
ON OF DING PHYSIC After this cer death with th	ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJU	M 1 YES				
ISIC TTENDI TOR: A after d	ETED	3 Suicida 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Spec	/ — At home, ferm, str	set, factory, offica		281. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,
	MPL		CIAN: To the best of my know						a) and manner as stated.
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223	10	30. NAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Type, F	rint)	<i>y</i> 50		-H66."	14 1994
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN			JENTH	CAIL	OF DEAL	п	REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH											
	Anthony		SANSO	ONE				April 1, 1994		TEAT	7:25 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 Y		24 HRS. 7	7. DATE OF BIRTH		8. BIRTHPLA	ACE (State or Foreign	
i	186-24-6203	YRS.	MONTHS D	AYS HOURS	MIN.	(Month, Day, Year)		Country)	own, PA.			
	9a. FACILITY NAME (If not institution, give at	reet and number)	65		9b, CITY TY	WN OR LOCATIO	ON OF DEAT	Jan.7,192				
œ		Franklin Square Hospital Baltimore, Md. Baltimore										
DIRECTOR	RESIDENCE OF DECEDENT											
<u> </u>	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
<u> </u>	Maryland Harford Belair, Md.											
- 1	104. STREET AND NUMBER  104. ZIP CODE  105. CITIZEN OF WHAT COUNTED											
H.	105 Chatham Road		21014 U.S.A.				COUNTRY/					
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  14. RACE — Arm  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  16. RACE — Arm  17. Never Merried  18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  19. RACE — Arm  19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  19. RACE — Arm  19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  19. RACE — Arm  19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm  19. RACE — Arm											
										American Indian, hita, atc.		
`	3 Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES		1 [	YES 2 NO	Specify:			Specify:		
	15. DECEDENT'S EDUC	ATION	I 484 1	DECEDENT	USUAL OCCU	PATION		THE WIND OF THE	DIEGO (II)	white		
ELE	(Specify only highest grade	completed)		(Give kind of a life. Do NOT us	vork done duri	reg most of working	9	16b. KIND OF BUS	INESS/IND	USIRY		
ן ק	Elementary/Secondary (0-12)	College (1-4 or 5 +	)		,	Monag	or	Herling	ile C	racer	,	
COMPL			J GI	Lucery	Stor	e Managi				TOCET	1	
	17. FATHER'S NAME (First, Middle, Last)						v Bel	(First, Middle, Maiden:	Sumame)			
	Charles Sansone						,					
- I	19a. INFORMANT'S NAME (Type/Print)	Can	اءدي	196. MAILING	ADDRESS (S	treet and Number	or Rural Rou	the Number, City or Town	State, Zip	Code)		
- 1	Mrs. Juliette K.		(WITE	/1U5 L	ııatnaı	ii Kü.	DETGI	r, Md. 21	014			
	20q, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Ramo	rval from State	20b.PLAC	E AND DATE	OF DISPOSITION	N (Name of		DATE 20c. LOC	CATION —	City or Town,	State	
	4 Donation 5 Other (Specify)		-   High	V1eW	Mem Gi	ds. Apr	ril 6	-1994 Fa	llsto	on,Md.		
	21. SIGNATURE OF FUNERAL SERVICE	ENSUE)	1	1		ME AND ADDRES						
	2.77	Sanna	hr			750 Bel						
-	23. PART I. Enter the diseases, or o	ferrile alla	-,-,	door -	<u>l Ki</u>	ngsvill	e. Mo	1. 21087				
	ahock, or heart failure.	ist only one ceu	se on each li	ne.	or ainer (I)	a mode of dylf	ng, such a	se cardiac of respir	шогу агг	च्या,	Approximate Interval Batween	
	IMMEDIATE CAUSE (Final										Onset and Death	
	disease or condition resulting in death)	Termina				ell lym	phoma	1				
		DUE TO	(OR AS A CONS	SEOUENCE O	7):							
<u> </u>	Sequentially list conditions,	h										
HILICATION	if any, leading to immediate	DUE TO	(OR AS A CONS	SEOUENCE O	<b>)</b> :							
3	CAUSE (Disease or Injury											
≐	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONS	SEOUENCE OF	7):							
S E	reading in death) CAST	l,										
	PART II. Other algnificant conditions	s contributing to	deeth but no	t resulting	n the unde	riving cause of	Iven In Pe	art I. 24a, WAS AN	UITOBEV	246 140	RE AUTOPSY FINDINGS	
3	<u></u>					yg couse g		PERFOR		AW	AILABLE PRIOR TO	
EDICAL								1 YES 2	X NO		MPLETION OF CAUSE DEATH?	
	} <del></del>							_		1 [	YES 2 NO	
ž I												
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PLACE OF DE	EATH (Check	only one)				
2	1 VES 2 NO	1 Inpetient 2	ER/Outpetlant	3 🗆 DOA		Home 5 - Res	sidence 6	Other (Specify)				
5	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b, TIM	E OF 28	c. INJURY AT WORK?	2	8d. DESCRIBE HOW IN	JURY OCC	CURED		
	1 Natural 5 Pending 2 Accident Investigation	,, 5				YES 2	ND					
- 10	3 Suicide 8 Could not be	28a. PLACE O	F INJURY At atc. (Specify)	home, farm,	street, factory	offica	2:	St. LOCATION (Street a	nd Number	or Rural Route	Number,	
	4 Homicide detarmined	ounding,	arc. (opecny)					City or Town, State)				
COMPLEIED	29a. CERTIFIER	TAN: To the heat of	mu knowlede:	double com	al ad the att	description of the	ELEVA INC.		2552 - LD	, 17		
È	(Check only one) 2 MEDICAL EXAMINE										guardi se agresi	
3	2 MEDICAL EXAMINE			or irrestigatio	ii, in my opin	on, demn occure	ed at the tim	ne, data and place, and	dua to th	e cause(a) an	d manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)											
5.	D43960 14/1/94.											
	30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	Dr. Nabil Kadi 90	00 Frank	lin Squ	uare I	r. Ba	ltimore	, Mar	cyland 212	237			
	31. DATE FILED (Month, Day, Year) 32. DEGISTRAR'S SIGNATURE											
į.	APR 071994	gulia 1	widon )	Pando M								

ARYLAGO

Approximate Interval Batween Onset and Death UNK

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

1 - FOR STATE REGISTRAR

		DECEDENT'S NAME (First, Middle, Last)     SUSAN	[		SAL	SBUF	RY.		2. DAT	TE OF DEATH	1994	YEAR	3. TIME OF DEATH 4:44 pm
P		4. SOCIAL SECURITY NUMBER 205 12 2083	5. SEX 1  M 2 F	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH	1461	Countr	IPLACE (State or Foreign
2, 3 should	CTOR	98. FACILITY NAME (If not institution, give Saint Joseph Hospinessidence of decedent				9b. CITY		OR LOCATION OF D				Baltir	
permit. Pages 1,	DIREC	10a. STATE 10b. COUNT	Himore		_	Y, TOWN C							10d. INSIDE CITY LIMITS? 1 YES 2 NO
.ts	FUNERAL	106. STREET AND NUMBER	LOURT	AF	720		10	H. ZIP CODE	2		10g. CITI	ZEN OF V	WHAT COUNTRY?
215-0020 attending physician. ise as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED	- 30	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 NO Speci	en, Puart		or No—	14. RACE Black Speci	
21 al or for u	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		1 2000	DECEDENT'S (Give kind of a life. Do NOT us	vork done ( se retired.)	during m		1	Sb. KIND OF BUS	SINESS/IND	DUSTRY	
MARYLAND 21 retained by the hospital or 5 should be detached for unoutified at once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)	DEUMAN		FIT	Hor	1	18. MOTHER'S NA	AME (First	, Middle, Malden	Sumame)	25%	
be retained to ge 5 should e notified	TO BE	19a. INFORMANT'S NAME (Type/Print)  An: TA V. Paril	7224 14-11		196. MAILING	ADDRESS	(Street	and Number or Rural	Route Nu	mber, City or Town	n, State, Zip	Code)	2434 BYLAND
ALTIMORE, death. Page 6 may be funeral director, page examiner must be		20a. METHOD OF DISPOSITION  Suriel 2 Cremation 3 Ram  4 Donation 5 Other (Specify)	1	cemetery.	CE AND DATE OF	thar place)	Y	EM GAR.	14	TE 20c. LO	CATION 1	City or To	
0 = 0		21. SIGNATURE OF FUNERAL SERVICE LI	CENSE			22.	NAME A	ND ADDRESS OF FU NCHAPE MARFO		ROAD	- PA	iaki	2/1/2
ours after the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s		23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final	complications tha	t cauaed the use Dn each II	death. Dp r	not enter	the me	ode of dying, suc	ch as ca	irdiac or reapi	ratory arr	est,	Approximate Interval Batwe Onset and Des
rety t, t		disease or condition resulting in death)		(OR AS A CONS	SEQUENCE OF	F):							UNK
OX 68 be execution and or to bur	CATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING		(OR AS A CONS			JLM	ONARY DIS	EAS	E			UNK
P.O. ath certificate trending pal Hygien, or other	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	SEOUENCE OF	ŋ: 							
L RECORDS, P law requires that the death as been signed by the atten lept. of Health and Merital if 23 shows any injury, o	PHYSICIAN: MEDICAL CE	PART II. Other algorificant condition  ACUTE RENAL FA							Part I.	24e. WAS AN PERFOR	MED?	246.	. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
TA the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the Base of the		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XHO	HOSPITAL:	ER/Outpetlant	3 🗆 DOA	OTHER	₹:	PLACE OF DEATH (C)					
	ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, D	ay, Year)		URY M	1 [	JURY AT ORK? YES 2 NO	28d. D	EŞCRIBE HOW II	NJURY OCC	CURED	
DIVISION DR ATTENDING DIRECTOR: After hours after death item 28 is mai	0	3 Suicide 8 Could not be detarmined	building,	F INJURY — A1 atc. (Specify)					Ca	OCATION (Street a ty or Town, State)			loute Number,
로 보 전 토	COMPLETE	(Check only one) 2 MEDICAL EXAMINI											i) and manner as stated.
TO THE HOSPI TO THE FUNER De filed within	O BE	29b. SIGNATURE AND TITLE OF CERTIFIE	nn	Oho	70			29c. LICENSE NU D30263	MBER		29d. DAT	S SIGNED	(Month, Day, Year) Ol-94

Julia Bandson Rondoll

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

31. DATE FILED (Month, Day, Year)
APR 0 7 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
FRANCIS T. KHOO, M.D., ST. JOSEPH HOSPITAL, 7620 YORK ROAD, TOWSON, MARYLAND 21 204

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9c. COUNTY OF DEATH

U.S.A.

10g. CITIZEN OF WHAT COUNTRY?

AFR.

3. TIME OF DEATH

a. BIRTHPLACE (State or Foreign

S.C.

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

1 XYES 2 NO

AMERICAN

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Man (5, 1994

COMPLETION OF CAUSE

Interval Between

Onset and Death

11:58 PM

2. DATE OF DEATH

5

MONTH APPIL

7. DATE OF BIRTH

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1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year) APR 0 7 1994

A SOCIAL SECURITY NUMBER

LEVENDER SMITH

243-32-3914 1X M 2 | F 67 VRS 4/24/26 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH UNION MEMORIAL HOSPITAL BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE permit. 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or remoral. 2814 BOARMAN AVE. 21215 iours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 2 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: BY WW11 COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) LANDSCAPER/ RETIRED LANDSCAPE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN HAMMIE B. SMITH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 PATRICIA PEOPLES 2814 BOARMAN AVE. BALTO. MD 21215 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE 1 X Burial 2 Cremation 3 Removal from State GARRISON FOREST VA 4 Donation 5 Distriction 4/11/94 OWINGSMILL MD 21. SIGNAPHRE OF FUNERAL SERVICE LICENSEE ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 23. PART J. Chief the diseases. cations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each if IMMEDIATE CAUSE (Final the attending physician and completely fille Mental Hygiene prior to burial, cremation, displace or condition ____ DUE TO (OR AS A CONSEQUENCE OF): executed within evel Newtropenia DUE TO (OR AS A CONSEQUENCE OF): transmatic c CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSCOUENCE OF Myclowa CAUSE (Disease or Injury other that initiated events resulting in death) LAST 0 any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the Failure 1 YES 2 NO PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem certificate the the State HOSPITAL:
1 Inpetiant 2 ER/Outpetiant 3 DOA OTHER: ATTENDING PHYSICIAN: t 🗌 YES 2 🗌 NO 4 Nursing Home 5 Rasidenca 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this ( marked, 1 Netural 5 Pending м 1 YES 2 NO DIRECTOR: After the hours after death v BY Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 40 3 Suicide COMPLETED 6 Could not be 4 Homicide determined 28 DR. 29a. CERTIFIER 1 P CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If IN 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 8 AT-2438946-0845 2 AND ADDRESS OF PERSON WHO CONDICTED CAUSE OF DEATH (ITEM 27) (Type, Print) Union Hemaral Hogs fel, SCAR CTUALTERESS, M

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MONTHS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

MIN.

DAYS

6. AGE (In yrs. last birthday)

DHMH-18 Rev 1/89

95 13826

31. DATE FILED (Month, Day, Year)
APR 0 7 1994

THE HOSPITAL OR ATTENDING PRYSICIAN. The law requires that the death certificate be enscured with cours afer death. Page 6 miley be retained by the intensity physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely tilled in by the funeral director, page 5 should be detached by use as the busis-framed permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of health and Mental Hygiene apply, certificate and exemption, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other trauming event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		CERTI	IFICATE OF	DEATH		EG. NO.		
1. DECEDENT'S NAME (First, Middle, I)  JESSE		TAMPER			2. DATE OF I	DAY	YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda	ev) F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E		94	10:50 A
220-36-4931	1X M 2 F	51 YRS	MONTHS DAYS	HOURS MIN.	7/8/2	y. Year) + 2	Cour	IRGINIA
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MD 10b. CO	UNTY	10c. C	CITY, TOWN OR LOCA					10d. INSIDE CITY
10e. STREET AND NUMBER			BALTIMOR					1 X YES 2 NO
2000 O'DELL A	VE. APT# 7	708		21217		200	J.S.A	what country?
11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. ARMED	13. WAS DE	CENDENT OF NISPA	NIC ORIGIN? (S	pecify Yes or No-	14, RAI	CE - American Indian.
1 Never Married 2 X Merried 3 Widowed 4 Divorced		1 TYES 2 X NO WAR OR DATES	If yes, s	pecify Cuben, Mexico S 2 X NO Specif	n, Puerlo Ricar	1, etc.)	Bla Spa	CE — American Indian, ck, White, etc. cdly: • AMERICAN
15. DECEDENT'S	EDUCATION	16a. DECEDENT	T'S USUAL OCCUPAT	ION	16b. KIN	D OF BUSINESS/		· INTERTORI
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	life On NOT	of work done during m T use retired.)	nost of working				
UNKNOWN		UNEMPI	LOYED / D	ISABLE		DISAE	ILIT	Y
17. FATNER'S NAME (First, Middle, Las	0			· · · · · · · · · · · · · · · · · · ·	ME (First, Middle	e, Maiden Surname	)	
AMOS STAMPER				DOROTHI	EA PERE	RY		
19a, INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (Street				Zip Code)	
LAURA STAMPER		5612	WOODMON	T AVE R	AT.TTMOT	E MD 21	230	
20e. METNOD OF DISPOSITION 1 Burlel 2 N Crementor  4 Donation	Removal from State		TE OF DISPOSITION (A		DATE	20c. LOCATION	— City or	
AT SIGNATURE OF FUNERAL SERVICE	E LICENSEE	The state of	THE TOTAL	7/3/	77	CATON	DATE.	LE KID
			22 NAME A	AND ADDRESS OF EA	CHITY			
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RECIDE. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should are overly with the State Dept. of Health and Mental Hygiere prior to burial, committee, or removal. un and death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, ATTENDING PHYSICIAN: The law inquires that the death certificate be executed with

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CERTIF			REG. N			
1. DECEDENT'S NAME (First, Middle, Last)	seph Stra	JOSEPH A	UGUST S	TRAUB	2. DATE OF DEATH MONTH 04 0	DAY YEA	3. TIME OF DEATH 2:10p	
4. SOCIAL SECURITY NUMBER 179-09-1153		MGE (In yrs. lest birthday) 91 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 12-31-0	8, B	PITHPLACE (State or Foreign outtry) RMANY	
9a. FACILITY NAME (If not institution, give a	street and number)		96, CITY, TOW	N OR LOCATION OF E				
GREATER LAUREL BI	· ·	OSPITAL		UREL	, LAIII		PRINCE GEORGE	
10a. STATE 10b. COUNT	Y	10c. CI	TY, TOWN OR LO	CATION			10d. INSIDE CITY	
MARYLAND PRIM	NCE GEORGE		LA	UREL			LIMITS?	
10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
14208 OAK POINTE	DRIVE			20707		US	A	
11. MARITAL STATUS  1 Never Merried 2 Merried 3 Widowed 4 Divorced	ER IN U.S. ARMED YES 2 NO OR DATES	If yee,		ANIC ORIGIN? (Specify san, Puerto Rican, etc.) //y:		ACE — American Indian, Back, White, etc. Specify: WHITE		
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT	S USUAL OCCUPA	ATION	16b. KIND OF I	BUSINESS/INDUSTR	Y	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT I		most or working				
6		KNITT	ER		MANUF.	ACTURING		
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meid	len Surname)		
(UNKNOWN) STRAUB				UNKNO				
19a. INFORMANT'S NAME (Type/Print) WILLIAM J. STRAUT	D				Route Number, City or 1			
20e. METHOD OF DISPOSITION	Т	20b. PLACE AND DATE					SYLVANIA 18:	
1 Donation 5 Other (Specify)	noval from State	cemetery, crematory or ST. JOHN			1	LOCATION — City of		
21. SIGNATURE OF FLINBIAL SERVICE LA		SI. JUHN		EKY AND ADDRESS OF F			NNSYLVANIA	
· Calal	edilea	Deu	V37/3/04		FLEGA		HOME, INC. L, MD 20707	
IMMEDIATE CAUSE (Final	_	and the	1		ch as cardiac or rei			
disease or condition resulting in death)  Sequentially list conditions.		estive H					Interval Betwee	
disease or condition resulting in death)	e Card	H)	hy or,				10 da	
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	E. Card our TO (ON )	estive H AS A CONSEQUENCE O	hy or _{j:}	ailure	(Acute)		2 day  were autoper prior to completion of cause of geaths	
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAH		CE	: KI II-	ICALE	OF	DEATH	F	REG. NO.			
	t. DECEDENT'S NAME (First, Middle, La	RONALD	STE	VENS	ON			2. DATE OF MONTH 04-	DEATN DA	W _	ğ4°	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	l birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF			6 BIRTH	PLACE (State or Foreign
	219-26-8686	1 📉 🕻 2 🗀 F	53	YRS.		DAY8	HOURS MIN.	(Month, De	8–40		Country	LAND
	9a. FACILITY NAME (If not institution, g.	ve street and number)			9b. CITY, T	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE					EATN	
DIRECTOR	SINAT HOSPITAL RESIDENCE OF DECEDENT				BALTIMORE CITY NON					ONE		
2	10e. STATE 10b. COU			10c. CIT	Y, TOWN OR							10d. INSIDE CITY LIMITS?
	MARYLAND	NONE		<u></u>	BA_		MORE CIT	Y				YES 2 NO
FUNERAL	1514 E. OLIVER	STREET				101.	21213					TATES
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. W	S DEC	ENDENT OF NISPAN	IIC ORIGIN? (S	pecify Yas	or No —	14. RACE	— American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 X N	Ю			2 NO Specify		n, atc.)	מים ול	Specifi	, White, etc.
	15. DECEDENT'S				USUAL OCC			18b. KIN	ID OF BUS			AVIERICAN
Ē	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT us	vork done du e retired.)	ring mos	st of working					
COMPLETED	8TH	NONE	,	LA	BORER				CONS	TRUC	TION	
8	17. FATNER'S NAME (First, Middle, Last)						18. MOTHER'S NA					
BE (	ARTHUR STEVENS	SON, SR.					CATHER					
5	190. INFORMANT'S NAME (Type/Print) ARTHUR STEVENSON	N, SR.	198	514	E. OL	Street e	nd Number of Rural F	BALTI	MORE	, State, Zi	p Code) RYLAN	ND 21213
	20. METHOD OF DISPOSITION		20b. PLACEA					DATE	20c. LO	CATION —	City or Tox	wn, Stata
	XXBurial 2 Cremation 3 F 4 Donation 5 Other (Specify)	amoval from Stata	MT . Z	ION (	CEMET	ERY	4/9/	94	BAL	TIMO	RE, N	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 3 63 .	0	CAL	VIN	B. SCRU	GGS FU	NERA	L HO	ME	
	"Carren D	Disu	660	90,	14	12	E. PREST	ON ST.	BAL	M,OT	D. 2	21213
	23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cau	ise on each line	•			et fai		or reapli	ratory ar	reat,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	(OR AS A CONSEC	JUENCE OF	·):	10.	ndo besp	7				
	PART il. Other significant condi	tions contributing to	death but not re	esulting i	n the unde	rlying	cause given in	Part i. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
4: MEDICAL	Seve	re god	l'e reg	(nr)	tatle	<b>ว</b>			PERFOR			AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 ND
X I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DEATN (Che	ck only one)				
Sign	1 YES 2 NO	HOSPITAL:	ER/Outpatlant 3	□ DOA	OTHER:	g Home	5 Rasidenca	6 Other (Sc	necify)			
/ PHYSICIAN: M	27. MANNER OF DEATH  1 Natural 5 Pending	28n. DATE OF (Month, D	INJURY ay, Year)	26b. TIM	E OF 2	Bc. INJU	JRY AT	28d. DESCRI		JURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicida 6 Could not determined	28e. PLACE O building.	F INJURY — At hor atc. (Specify)	me, farm, a				28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			oute Number,	
9 1	29a. CERTIFIER				_	_						
COMPLET	(Check only	IYSICIAN: To the beat of IINER: On the beat of a										and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTI	FIER				Т	29c. LICENSE NUM	IBER		29d. DAT	E SIGNED	(Month, Day, Yeer)
TO BE		FX 7					7375				4/6	
٦	30. NAME AND ADDRESS OF PERSON	WHD COMPLETED CAUSE		1 27) (Type,	Print)	He	ights Ave	Ba	Himo	-e J	Mb	21208
	31. DATE FILED (Month, Day, Year) APR 0 7 1994	This Dave	duar Rand	l¢ .			9					



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.
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	1 - STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIEN						
300	1. DECEDENT'S NAME (First, Middle, Leet)  Shelly Sutton		201		AV YEAR	3. TIME OF DEATH				
	218-60-5268 ¹□м²⋈F	41 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) 8-19-52	Coun	MD				
CTOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  PRESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNTY M D	BAL	VN OR LOCATION TO			10d. INSIDE CITY LIMITS?  XXYES 2 \( \text{NO} \) NO				
FUNERAL	100. STREET AND NUMBER 4301 BELVIEU AVE		101. ZIP CODE 21215			WHAT COUNTRY?				
В	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic  1 YES 2 YOU Specify	an, Puerto Rican, etc.)	or No— 14. RAC Bloc Spe	CE — American Indian, ck, White, etc.  City:  BLACK				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12  College (1-4 or 5+  12TH	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir UNKN	one during most of working ed.)	16b. KIND OF BU	SINESS/INDUSTRY					
BE CON	17. FATHER'S NAME (First, Middle, Lest) ISAIAH J. ROSS		ROBI		LLWOOD					
10	19a. INFORMANT'S NAME (Type/Print)  Roberta ROSS		NNIE RIDGE D			,MD 21209				
		ob. PLACE AND DATE OF DIS cametery, crematory of other pl WOODLAWN	POSITION (Name of CEMETERY		LTO, MI					
	21. SIONATURE OF FUNERAL BERNICE LICENSEE	1a.11.	22. NAME AND ADDRESS OF FA		O WABAS	SH AVE				
	23. PART I. Enter the diseases, or complications that ceur shock, or heart fallure. List only one cause or IMMEDIATE CAUSE (Final	ed the death. So not en	nter the mode of dying, aud	ch as cardiac or resp	iratory arrest,	Approximate interval Between Onset and Death				
	DUE TO (DR A	S A CONSEQUENCE OF):				5 Days				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Hepatic Encephalo pathy  DUE TO (DR AS A CONSEDUENCE OF):  A cute Renal Failure  DUE TO (OR AS A CONSEDUENCE OF):  Cellults  Cellults									
AL	PART II. Other significant conditions contributing to death	but not resulting in the	o underlying cause given in	Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
PHYSICIAN: MEDIC				1 TYES :	Ø NO	COMPLETION OF CAUSE OF DEATH?				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:									
BY PHYS	1 VES 2 NO 1 Notural 5 Pending Investigation 2 ER/Outpetient 3 DOA 4 Noursing Home 5 Residence 5 Other (Specify)  27. MANNER OF DEATH 1 Netural 5 Pending Investigation Investigation 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES									
8		RY — At home, farm, atreet, pecify)	factory, office	281. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the basis of examine					(a) and manner as stated.				
TO BE (	20b. SIGNATURE AND TITLE OF CERTIFIER  WENTER HOUSE OF STATES OF PERSON WHO COMPLETED CAUSE OF	ıcer	P 38 90			0 (Month, Day, Year)				
	Kerren H ELDER M. 7 31. DATE FILED (MONTE) QB. MAN) 32. REGISTRAR'S SI	ZZ S.Gr	cene st Ba	Ati more	MYZIZO	1				
		viler Red 18								



BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal.	idical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within require after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.

4	STATE REGISTRAR
1	1, DECEDENT'S NAM
	Davi
ľ	4. SOCIAL SECURIT
	218-44-
ľ	9a. FACILITY NAME
	Franci
ľ	RESIDENCE O
	10a. STATE
	Md.
I	10e. STREET AND N
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	0				2. DATE OF DEATH MONTH DA	AY YEAR	3. TIME OF DEATH
David John					4/6/199		1;45 P
4. SOCIAL SECURITY NUMBER 218-44-4542	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIFI	THPLACE (State or Foreign intry)
		SILL SILL			7/2/194		laryland
9a. FACILITY NAME (If not inalitation, give		98		OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
Francis Scot	t Key		Ba1	timore			
10a. STATE 10b. COUN	пу	10c. CITY, T	OWN OR LOCA	ATION			10d. INSIDE CITY
Md. Ba:	ltimore	Du	ndalk				LIMITS?
10e. STREET AND NUMBER	- 72		1	Of. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
4 Eastship	Rd.			21222		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 2 YES	IN U.S. ARMED			HC ORIGIN? (Specify Yes	or No.— 14. RA	CE — American Indian,
1 Never Married 2 Married 3 Divorced	IF YES, GIVE WAR OR			pecify Cuban, Mexica S 2 NO Specify			sck, White, etc.
	14			,			White
15. DECEDENT'S EE (Specify only highest gra	de completed)	16a. DECEDENT'S US	done during n		16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	ilite. Do NOT use re			M - 1: :	. M .	
	4	Risk-l	Manag				1 Liabil:
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
David Thomas	5	I more and			Katherin		isky
					Route Number, City or Tow		1 01000
Marianne Thor					ltimore D		
1 Burial 2 Cremation 3 Re		b. PLACEAND DATE OF D matery, crematory or other	place)		1	CATION - City or	
4 Donation 6 Other (Specify)  21. SIGNATURE OF EUNERAL SERVICE	LICENSEE	Metro C		OTY		ltimore	e, Md.
1001	6	11			neral Ho	me of I	Dundalk
COUL	Conne	lly					1k 21222
Sequentially list conditions, if ery, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE OF):					>10 y
PART II. Other eignificent condition.	one contributing to death	but not resulting in the			Part I. 24a. WAS AN PERFOR	RMED?	45. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	tpatient 3 DOA 4	THER: Nursing Ho	PLACE OF DEATH (Ch		NJURY OCCURED	
41. MARRER OF DEATH	(Month, Day, Year)	INJURY		YES 2 NO			
1 Natural 6 Pending 2 Accident Investigation							
Natural 6 Pending	28e. PLACE OF INJUR	Y — Al home, farm, stree	it, factory, off	ce	281. LOCATION (Street a City or Town, State)		il Route Number,
Natural 2 Accident 3 Suicide 4 Homicide  Natural Check only CERTIFYING PHY	28e. PLACE OF INJUR	wledge, death occurred a	t the Ilme, det	ta and place, and due	City or Town, State) to the cause(a) and men	nner as stated.	
2 Accident 3 Suicide 6 Could not b detarmined 29a. CERTIFIER Check only	28e. PLACE OF INJUR building, etc. (Sp  (SICIAN: To the best of my kno NER: On the besis of examination HER	wiedge, death occurred a on and/or investigation, i	t the Ilme, dan	te and place, and due death occured at the 29c. LICENSE NUE	City or Town, State) to the cause(a) and mentime, date and place, an	nner as stated.	

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed with pours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	MENT OF HE	ALTH AND M	ENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) BFTTY		TAVLOD			2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
8	DE III		TAYLOR			04 APRIL	4, 199	4 n/a м
	227-38-6449A	1 🗆 M 2 🖔 F	60 YRS. MO		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03- 25- 34	. V	RTHPLACE (State or Foreign nuntry) IRGINIA
TOR	9a. FACILITY NAME (II not institution, give 1224 N. RESIDENCE OF DECEDENT	CURLEY STR			IMORE CI		9c. COUNTY O	
DIRECTOR	10e. STATE 10b. COUNT	n/a	10c. CITY, TI	OWN OR LOCATION BALT	I MORE			10d. INSIDE CITY V LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1224 N.	CURLEY STR	EET	101. 3	21213		10g. CITIZEN C	F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed Widowed	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR		If yes, spec	NDENT OF HISPANIC lify Cuben, Mexican, EXNO Specify:	ORIGIN? (Specify Yes Puerto Ricen, etc.)	8	ACE — American Indien, leck, White, etc. pecify: Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 9 TH	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re MEDICAL	done during most tired.)	of working	JOHNS		HOSPITAL
E COM	17. FATHER'S NAME (FIRST, MIDDIO, LOST) HENRY THROWER		TIEDTONE			E (First, Middle, Maiden BRADLEY		11037 117/12
TO B	190. INFORMANT'S NAME (Type/Print) PHYLLIS PULLIAM			DRESS (Street end NAHANTE	ROAD,	ute Number, City or Town		1206
	20a. METHOD OF DISPOSITION 1 X Surie1 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	moval from State Ce	b. PLACEAND DATE OF D				LTIMORE,	r Town, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	Cher			. MARCH		E. NO	RTH AVENUE
	23. PART I. Enter the disease, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only owe cause on  a. Cardov  DUE TO (OR AS	eech line.		e of dying, auch	sa cerdiac or reapi	ratory erreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	с	A CONSEQUENCE OF):	tery	disea	SL		10 years
PHYSICIAN: MEDICAL C	PART II. Other algorificent condition			he underlying	ceuse given in Pe	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (Checi	k only one)		
XSI	1 TES 2 NO	1 - Inputient 2 - ER/Ou	Ipstient 3 DOA 4		5 Residence 6	Other (Specify)		
	27. MANNER OF OEATH  1 Natural 5 Pending	(Month, Day, Year)	26b. TIME O	WOR		88d. DEŞCRIBE HOW II	NJURY OCCURED	)
LED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, ferm, stree			t81. LOCATION (Street e City or Town, State)	and Number or Ru	ral Route Number,
COMPLETED		SICIAN: To the best of my kno						se(s) end menner es stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Low	MD		29c. LICENSE NUMB	ER	29d. DATE SIGN	NEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	e Jonking	Johns		ing Hos	ortal		
	31. DATE FILED (MOTION, CON. 1994) APR 0 7 1994	JULIA CHUCLE	or Ranfall	-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		



3. TIME OF DEATH

B. BIRTHPLACE (State or Foreign Country)

3:40 P

1 X YES 2 | NO

REG. NO.

1994

Falls Church, Virginia

Interval Batween

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE

2. DATE OF DEATH MONTH

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

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3	law requires that the death certificate be executed with
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MISION OF VILAL RECORDS, P.O. BOX 66760,	THE OF THE
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	In yrs. last birthday,	IF UNDE	ER 1 YEAR	IF UNDER 24 HRS		E OF BIRTH	8	BIRTHPLACE (St	tate or Fo
Ŋ	217-09-6175	1 🗆 M 2 🔯 🕽	ŧ	79 YRS.	MONTHS	DAYS	HOURS MIN		inth, Day, Your)	1914	Maryla	nd
	9e. FACILITY NAME (If not institution	n, give street end number)			9b. CIT	Y, TOWN	OR LOCATION OF	$\overline{}$			Y OF DEATH	
CTOR	HOLU Cross +	lospital			S.	ilve	r Sprin	q		Mon	tgomery	1
DIREC		COUNTY		10c. CI	TY, TOWN	OR LOCA	ATION				10d. INSI	OE CIT
	Maryland	Montgomery	1	S	ilve	r Sp.	ring				1 X YES	
ZAL S	10e. STREET AND NUMBER					10	of. ZIP CODE				N OF WHAT COU	NTRY
FUNERAL	10910 Hannes (	Court					20901-	1718		u	ISA	
B	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced		DENT EVER II 1 TYES E WAR OR D	2 NO	13	If yes, s	CENDENT OF HIS pecify Cuben, Mex S 2 X NO Spe	dcan, Puert		fes or No—	I. RACE — Americ Black, White, of Specify: Whit	łc.
8	15. DECEDENT (Specify only higher	"S EDUCATION st grade completed)		16a. DECEDENT'			ION lost of working	1	66. KIND OF B	USINESS/INDUS	STRY	
	Elementary/Secondary (0-12)	College (1-4 or	5+)	Ille. Do NOT	use retired.	)						
COMPL	12			Sec	reta	ry				c Store	,	
	17. FATNER'S NAME (First, Middle, I						18. MOTHER'S					
BE	Hyman Friedma  190. INFORMANT'S NAME (Type/Pri			1 405 2424111	0.40000	20.00	and Number or Ru		Inknow			
2	Jack Wald	,					Ct., Si					00
	20e. METHOD OF DISPOSITION		206								y or Town, State	70
	1XXBuriel 2 ☐ Cremation 3 4 ☐ Donation 8 ☐ Other (Speci		cen	MOTICAL	other place	Kent	govavia	/1994				
	21. SIGNATURE OF FUNERAL SER		IME	moracux	22	MAME A	NO ADDRESS OF	EACH ITY			urch, V	
	· Vonald		totte	engel	_ S	TEIN 32 C	HEBREW ARROLL	MEMO ST, N	RIAL I W, WAS	FUNERAL SHINGTO	HOME, DC'2	IN
	23. PART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Final disease or condition resulting in death)	ellure. List only one	Spiro	ach line.	Fau			uch aa ca	irdiac or rea	piratory arree	inte	proxi erval set a
		QUE	TO (OR AS A	CONSEQUENCE	OF):						sec	M
No.	Sequentially list conditions,	b/	1	CONSEQUENCE		_					19	20
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		(0.1,10.7		J. J.							
Ē	CAUSE (Disease or Injury that initiated events	C. DUE	TO (OR AS A	CONSEQUENCE	OF):							
ᇤ	resulting in death) LAST	d										
MEDICAL CI	PART II. Other aignificant co	nditions contributing	to death b	ut not reaulting	in the u	ındariyin	ng cause given	in Part I.		AN AUTOPSY ORMED?	24b. WERE AUT AMAILABLE COMPLETE OF DEATH	E PRI
					-						1 TYES	
PHYSICIAN:	25. WAS CASE REFERRED TO MED	ICAL				26. P	LACE OF DEATH	(Check only	one)			-
is	1 YES 2 NO	1 Inpetient	2 ER/Outp	etient 3 🗆 DOA	OTHE 4 - Nu		me 5 🗆 Resident	ce 6 🗆 Ot	her (Specify)			
BY PH)	27. MANNER OF DEATN  1 Netural 8 Pendir 2 Accident Investi	(Montt	OF INJURY h, Day, Year)	28b. Ti	ME OF JURY M	W	JURY AT ORK? YES 2 NO	28d, D	ESCRIBE HOW	INJURY OCCU	RED	
ETED	3 Suicide 6 Could 4 Homicide determ	pulle	E OF INJURY ng, etc. (Spec	— At home, farm,	street, fac	ctory, offi	ce		CATION (Streety or Town, State		Rural Route Numb	) <b>(</b> )
COMPLE	anal	PNYSICIAN: To the best										ner
S I	29b. MENATURE AND TITLE OF CI		dil				29c, LICENSE I		,		BIGNED (Month, De	

Bruce A. Silver, MD 2101 Medical Mark Dr. Silver Spring, MD. 2002

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 687

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the State DRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	HILL	ATE OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)  JOSEPH	3	W	IYCZ	ALE	K	2. DATE OF	D/		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX						ICH 3	-	<u> </u>	М
	213 18 H143	1) M 2   F	6. AGE (In yrs. less		DNTHS DAYS	HOURS MIN.		BIRTH Day, Year)	1917	8. BIRTH	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give st	reet and number)	7.0	9	b. CITY, TOWN	OR LOCATION OF D		0101	9c. COUN	TY OF D	FATH TO
FUNERAL DIRECTOR	ST JOSEPH HO	SPITAL			-	500			B	ALT:	mare
5	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY									-	
E E	2 - 1			~	TOWN OR LOCA						10d. INSIDE CITY LIMITS?
	MARYLAND BAL	TIMORE			ARNS						1 YES 2 NO
RA	10. STREET AND NUMBER	0 -			10	1. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
Ä	9POS FORHIM	KOAD				3133	+			<u> U-7</u>	·A.
교	11. MARITAL STATUS  1 Never Merried 2 Merried		YES 2 N	MED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN?	(Specify Yee	or No-	14. RACE Black	- Americen Indien, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WA			1 🗎 YES	2 NO Specif	y.	,		Specifi	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G/	ve kind of worl	UAL OCCUPATI	ON ost of working	16b. K	IND OF BUS	SINESS/INDL	STRY	
PLE	Elementery/Secondery (0-12)	College (1-4 or 5+)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Do NOT use n	etired.)			7.5	0		55)
MO	17. FATHER'S NAME (First, Middle, Last)	0/10		121		18. MOTHER'S NA	_	0 0 .		0	FFICE
	Roman III	MALLAM				000	L	WAR		$\wedge$	
BE	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING AD	ODRESS (Street	and Number or Rural	47	0-111	15.11.	Corde)	
5	EVELYA A-WYC	2ALik		e08 C	UB HIL	L ROAD	CAR	- 1	MARY	LAN	0 2834
	20e. METHOD OF DISPOSITION  DNO Burlel 2 Cremetion 3 Remo	oval from State	20b. PLACE A cometery, crer	ND DATE OF C	DISPOSITION (N	ame of	DATE	0	CATION - C	00	
	4 Donation 5 Other (Specify)	ENSEE	PARKI	noon !			194		KVILLS	1/6	ARYLAND
	100	V				ND ADDRESS OF FA		perso	RIES	•	
		am, A				HARFO		OAC			
	23. PART I. Enter the diseases, or c shock, or haart failurs. I	omplications thet	caused the de-	ath. Do not	antar tha me	oda of dying, auc	h aa cardia	c or respi	ratory arra	st,	Approximata interval Between
	IMMEDIATE CAUSE (Final	ia		0 0	0						Onset and Death
	disease or condition reaulting in death)	. Myo	OR AS A CONSEC	1 8	yearel	in					
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CERTIFICATION	Sequentially list conditions,	DUE TO (C	OR AS A CONSED	UENCE OFI:							
AT	if any, leading to immediate cause. Enter UNDERLYING			02.102 01,							į į
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FF	reaulting in death) LAST	d	_								
	PART II. Other algnificant conditions	s contribution to d	leath but not re	anulting in t	the condesion	t t-	Deat La				
EDICAL		restense		adming in t	me underlyin	g cause givan in	Part I. 2	4a. WAS AN PERFOR		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	<del>  </del>	wirense	ALL.				—   ¹	YES 2	□ NO		DF DEATH?
Σ							_				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				20.0	LACE OF DEATH (Ch					
Si	EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/Outmette et 2		THER:						
H	27. MANNER OF DEATH	28e. DATE OF IP		28b. TIME 0		IURY AT			NJURY OCCL	IBED	
	1 Natural 5 Pending	(Month, Day	( Year)	INJUR	Y W	YES 2 NO					
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — Al hor	ne, lerm, atre	et, fectory, offic	•	28I, LOCAT	ION (Street e	and Number o	or Rural R	oute Number,
Ë	4 Homicide determined	building, et	IC. (Specify)				City or	Town, State)			
7	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	ny knowledge, des	ith occurred a	it the time date	end place, and due	to the cause	(e) and man	mar an etale.	4	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE										end manner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI					(Month, Day, Year)
BE	Morris L	ervale	islu'	M	$\wedge$	0210					-94
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type, Pri	int)	0010	~ ~			-1	. 7
	M.C. KOWALEU	USKI MID	860	4 HA	RFOR	1) nd					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR									
	APR 071994 gr	me seviden	- Mandell	4							
											DHMH-16 Rev 1/89

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P.O.	
RECORDS,	
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VISION	
DIVIS	

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	14/ 14		ICATE OF	DEAT	2. DAT		×/		ME OF DEATH
	EDWARD  4. SOCIAL SECURITY NUMBER		DUNG  GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24		E OF BIRTH		77	(State or Foreign
	216-01-7571	1 X M 2 □ F	84 YRS.	MONTHS DAYS	7	(Mo	2 - 190		Country) Md	Came or rorman
TOR	9a. FACILITY NAME (If not institution, give s Harbor Hospit RESIDENCE OF DECEDENT			96. CITY, TOWN Balt	imore			9c. COUNT	TY OF DEATH	
DIRECTOR	10a. STATE 10b. COUNT	,		, TOWN OR LOCA altimo				-		NSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 1100 Anglesea	St		10	zip code	1224			EN OF WHAT C	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	If yes, sp		Maxican, Puert	ilN? (Specify Yes o Rican, etc.)	or No — 1	14. RACE — Arr Black, White Specify: W	n, atc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION or done during more retired.)	ON ost of working	1	5b. KIND OF BUS	INESS/INDU	STRY	
MPL	8	Conege (1-4 or 5+)	Self	- Emp			_			
BE CO	Walter Henry	Young				,	a Bei			
TO 8	19a. INFORMANT'S NAME (Type/Print)  Evelyn Young			ADDRESS (Street of			mber, City or Town		200e) 21224	
	204. METHOD OF DISPOSITION	oval from State	20b. PLACE AND DATE	OF DISPOSITION (N					ty or Town, St	nte
	1 N Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK		oemetery, crematory or o	n Ceme	tery ND ADDRESS	4/	8 Bal	ltimo	re, M	1d
	· Colt Con	nelly		Con 711	nelly O Sol	Fune	ral Ho Pt Rd	21	222	ndalk
	23. PART i. Enter the diseasea, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel	complications that cau List only one cause or	sed the deeth. Do r	ot enter the mo	de of dylng	, auch ae ce	rdiec or reapi	ratory arre	- 1	Approximate interval Betwoen Conset and D
	disesse or condition resulting in deeth)	. RESPIRAT	DRY INS	AFFICIE	NCY				j	25 DA
z		PNEUMO	NIA	<b>፣</b> )፡						
ATIO	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE OF	7):						
AL CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE OF	F):						
AL	PART II. Other significent condition	E OHALD PA	h but not resulting	n the underlyin	g ceuse giv	en in Part i.	24s. WAS AN PERFOR		AVAIL	AUTOPSY FINE ABLE PRIOR TO
PHYSICIAN: MEDIC	SEPSIS	~ 1111,00 [1]	10,7		-		1 TYES 2	NO	OF DE	LETION OF CAI TATH? YES 2 - NO
AN: MEDIC	SIP SUPRAPUBIC	CYSTOSTOMY	FOR URE	HRAL STI	RICTUR	E				
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	26. Pi		TH (Check only				
РНҮ	27. MANNER OF DEATH	28a. DATE OF INJUS (Month, Day, Yea	RY 28b. TIM	E OF 26c, IN,	JURY AT	28d. D	EŞCRIBE HOW IN	JURY OCCU	IRED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJU- building, etc. (S	JRY — At home, farm,		YES 2	26f. LC	OCATION (Street a	nd Number o	r Rural Route N	umber,
COMPLETED	4 Homicide determined	CIAN: To the best of my kr		ed at the time, data	and place, a		euse(s) and men	ner as stated	1.	
COM	one) 2 MEDICAL EXAMINE	R: On the basis of axamina			leath occured	at the time, da		d due to the	cause(s) and n	
TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIED  ROWLED  30. NAME AND ADDRESS OF PERSON WH	Corn M.		MRBOR HU		HOUSEST	7FF	> 0	4 04	94 94
	RONILDA A.	COVAR, N	ND ; 3		HAND	VER S	T., BA	HIMO	RE MI	0 212
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S S	IGNATURE /				,			

YEAR

500 N WOIR ST

3. TIME OF DEATH

21228 Approximats interval Between

**Onset and Death** hour

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

2. DATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	GEORGE A	11111	ZIMMER	1111111	Zimme	or do Ath t	CO 22 24			APRIL	0 4	1994		6:11 P
	4. SOCIAL SECURITY NUMBE		5. 9EX	6. AGE (In yrs	s. last birthday)		ER 1 YEAR	IF UNDER		7. DATE OF (Month, D	BIRTH		8. BIRT	HPLACE (State or Foreign
	135-46-8807		1 M 2 F	42	YRS.	MONTHS	DAYS	HOURS	MIN.	12-1	4-195	51	Nev	Jersey
	Se. FACILITY NAME (If not inst	itution, give stre	eet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF E	DEATH
OR	THE JOHNS HO	PKINS	HOSPITA	\L		BAI	LTIMO	RE C	YTI					
5	RESIDENCE OF DECE	EDENT												
DIRECTOR	New Jersey	Cumb	perland		12010		Deer		ld Tw	TP .				10d. INSIDE CITY LIMITS? 1 YES 2 NO
A	10e. STREET AND NUMBER						101	ZIP COD	E	1100		10g. CITI	ZEN OF	WHAT COUNTRY?
E	150 Seeley	Road						083	302			U	.S. A	Α.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 3 Nover Married 2 1 Nover Married 2 1 Nover Married 3 Nover Married 2 1 Nover Married 3 Nover Married 2 1 Nover Married 3 Nover Married 2 1 Nover Married 3 Nover Married 2 Nover Married 3 Nover Married 2 Nover Married 3 Nover Married 2 Nover Married 3 Nover Married 2 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 Nover Married 3 N	ferried		NT EVER IN U.S 1 YES 2 WAR OR DATES	<b>⊠</b> NO	13	If yes, sp	ecify Cube		IIC ORIGIN? (S n, Puerto Rica :		or No-	14. RAC Blec Spec	E — American Indian, ck, White, etc.
ETED	15. DECE	DENT'S EDUCA	ATION	164	DECEDENT'S					16b. KII	ND OF BUS	SINESS/IND	USTRY	
PLET	Elementary/Secondary (0-1		College (1-4 or 5	i+)	(Give kind of vi life. Do NOT us Tea	che	)	st or worki	ng	-	per I		ielo	d Board of
COMPL	17. FATHER'S NAME (First, Mid	Idle, Last)				_		18. MOT	HER'S NA	ME (First, Midd			_	
	George		Veist,	Jr.						M. P		Surrience)		
BE	190, INFORMANT'S NAME (Typ				19b. MAII INO	ADDRES	SS (Street a			Route Number,		n State 7to	Codel	
2	Richard Zimm		1							lgeton				
	20a. METHOD OF DISPOSITIO		-	20h Pl /	ACEANDDATEC	_	-			DATE	_	CATION -		inum State
	iX Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5		val from State	cemeters	y, cremetory or of	her place	9)		7-199	1				New Jersey
	21. SIGNATURE OF FUNERAL	JERVICE DE	7			22	NAME AF	AD ADDRE	A - T- A	aury Free	1	Trom	. т	
	23. PART I. Enter the dis	esses, or co	euls emplications th	at caused the	00550 s death. Do n	7	736 E	dmon	dson	Ave.,	Bal	timo	re,	Md. 21228
	23. PART I. Enter the disselect, or her immediate cause (Fina disease or condition resulting in desth)	ert fellure. L	ist only one ce	et caused the	s death. Do n	7 not ente	736 E	dmon	dson	Ave.,	Bal	timo:	re,	Md. 21228
ERTIFICATION	shock, or her IMMEDIATE CAUSE (Fina disease or condition	s. b. late	DUE TO	OCATO O OR AS A COL	s death. Do n	7 pot ente	736 E	dmon	dson	Ave.	Bal	timo:	re,	Md . 21228 Approximats interval Between Onset and De
NCAL CERTIFICATION	shock, or her iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	set follure. L	DUE TO DUE TO DUE TO DUE TO	O (OR AS A CO) Levo C (OR AS A CO) Levo C (OR AS A CO) Levo C (OR AS A CO) Levo C (OR AS A CO)	S death. Do n line.  NSEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE	7 oot ente	nfe	dmon de of dy rct (1	dson on br SC Hea	hem Ad	Bal Cor reapi	Ltimo: Iratory arr	re,	Md. 21228  Approximate interval Betwonset and De Hourt  Year  Year  Were Autopsy Finon AMILABLE PRIOR TO COMPLETON OF CAUSE
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DIVISION OF VITAL RECOR

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	9e. FACILITY NAME (If not institution, give s	itreet end number)			9b. CITY.	TOWN (	OR LOCATION OF		-17-19		PEN NTY OF DEATH	nsylvanio
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Ĕ	21. SIGNATURE OF PLEIGHAL SERVICE LIC	LENSEL Y	//		1 22. N	AME AP	-Ruch F	FACILITY				
medical examiner must	23. PART I. Enter the diseases, or o	· Tes	4		1 7	922	Wise A	wo.	Dundak	b Me	anulani	d 21222
ry, or other traumatic event, the CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Cardion OUE TO	cive hear on as a consecutive hear of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecuti	OUENCE O	F):	e						Onset and Death
njury, o		d										
hows any li	PART II. Other algorificent condition Chronic obstruc	e contributing to	deeth but not r	isea:	in the und	erlying	g cause given	in Part I.	24a. WAS AN PERFOR	RMEO?	COM OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
m 23	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEATH (	Check only	one)			
or Item	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		s 5 🗆 Reeldenc					
P. Fed.	27. MANNER OF DEATH  1  Netural 5 Pending	28e. DATE OF (Month, De		28b. TIM		8c. INJ WO	URY AT RK? 'ES 2 NO	-	ESCRIBE NOW I	NJURY OCC	URED	
90 III	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE Of building,	F INJURY — At ho	me, ferm, s	street, fector			28f, LC	OCATION (Street ity or Town, Stete)	and Number	or Rural Route	Number,
MRORTANT: If Item 2	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE	CIAN: To the best of R: On the beste of ex	my knowledge, de	ath occum	n, in my op	e, date	end place, end d	lue to the o	suse(e) end mer	nner ee atate	ed. e ceuse(s) end	menner es stated.
DE C	29b. SIGNATURE AND TITLE OF CERTIFIER		-				29c. LICENSE N	UMBER		29d, DATE	SIGNED (Mon	h, Day, Yeer)
N N	Housed Cott	namo					D280	97		► Ap	ri1 5,	1994
F	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETEO CAUS	E OF DEATH (ITE	M 27) (Type,	Print)							
	Dr. Konald Attana	asio 9000	frank1	in Sc	uare	Dr	Balti	more,	Mary1	and 2	1237	
	31. DATE FILEO (Month, Day, Year) APR 08 1994	22 DECICTOAL	DIS CICALATION									
	Dr. Ronald Attana 31. DATE FILEO (Month, Day, Year) APR 081994	22 DECICTOAL	frankl:		luare	Dr	. Balti	more,	, Maryl	and 2	1237	

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DHMH-16 Rev 1/89

		1 - FOR REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF	HEALTH AND F DEATH	MENTAL HYO			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA			3. TIME OF DEATH
		Phyllis Pattor	Addington				April	6, 19	94	10:20 P.
		007 10 0007	_		IF UNDER 1 YEAR		7. DATE OF BIRT (Month, Day, Ye		8. BIRTI Count	IPLACE (State or Foreign
Pin		9a. FACILITY NAME (If not institution, give stre	1 □ M 2 💢 F 79	YRS.			Aug. 3,			w York
, 2, 3 should	стов	Bel Forest Nursing				or Location of D			larfo	
iges 1	DIREC	t0e. STATE 10b. COUNTY		t0c. CITY,	TOWN OR LOC	CATION				10d. INSIDE CITY
permit. Pages			rford		Bel	l Air		9.13		LIMITS?
t per	FUNERAL	toe. STREET AND NUMBER				10f. ZIP CODE				VHAT COUNTRY?
020 physician. burial-transit	NE.	1303 Allenby Co	OUTT. 12. WAS DECEDENT EVER IN U.	e ADMEO	1 40 100 0	210			J.S.A	
215-0020 attending physician	B⊀	1 Never Married 2 Married 3XXWidowed 4 Divorced	FORCES? 1 YES 2	2 X NO	If yes,	ECENDENT OF NISPA apacify Cuban, Mexico ES 2 NO Specifi	an, Puarto Rican, et	ty Yea or No—		E — American Indian, k, White, etc.
1215 r atten use as	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		a. DECEDENT'S U			16b. KIND O	F BUSINESS/IN	DUSTRY	
YLAND 21 by the hospital or be detached for u at once.		Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use	retired.)		D		. 04	
YLAND by the hospit be detached at once.	N N	N/A  17. FATNER'S NAME (First, Middle, Last)	N/A	Sales	Person		ME (First, Middle, M	artment	Sto	re
YL/A	O I	Andrew Francis Pa	itton			Helen	Elizabe	th Wolc	ott	
MAR retained 5 should notified	<b>m</b>	t9e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stree	et and Number or Rural				<del></del>
be ret	6	Henry F. Addingto	n (son)	1303	Allent	y Court,	Bel Air	, MD 2	21014	
BALTIMORE, MARYLAND 21 er death. Page 6 may be retained by the hospital or the tuneral director, page 5 should be detached for usel.		20a. METHOD OF DISPOSITION  LA Buriel 2 Cremetion 3 Ramov  4 Donation 6 Other (Specify)	al from State 20b.PL.	ACE AND DATE OF ry, cremetory or other rdens of	DISPOSITION ( Br place) Faith	Name of Cem.	1	e LOCATION —		wn, State laryland
ALTIM death. Page tuneral direct.		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			AND AGORESS OF FA	CILITY			
BAL ter death the fun wal.		ALT 6	11:			nimunek Fu 05 Belair				21236
DX 68760 be executed within 24 hours at cian and completely filled in by for to burial, cremation, or rem- raumatic event, the medici	CATION	iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	MISEQUENCE OF:	0	node of dying, auc	,	reapiratory ar	reat,	Approximeta Interval Batwee Onset and Daa
P.O. h certifi miding Hygien	CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):						
of Health and	PHYSICIAN: MEDICAL (	PART II. Other significant conditione	contributing to death but r	not resulting in	the underly	ing cause given in	PE	AS AN AUTOPSY RECORMED? ES 2 NO	246	WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
Dept 23	IAN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATN (CA	neck only one)			
VITAN: Trifficate State I	SIC		HOSPITAL:		OTHER:	ome 5 🗆 Rasidenca	8 Other (Specif)	)		
1 8 8 8	E	27. MANNER OF DEATN	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. II	NJURY AT YORK?	28d. OESCRIBE N		CUREO	
NG PHYS firer this eath with	BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
OIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is mai	ETED	3 Suicide B Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term, str	eet, factory, of	fice	281. LOCATION (S City or Town,		r or Rural i	loute Number,
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC be filed within 72 hours IMPORTANT: If Item	COMPLET		AN: To the best of my knowledg On the beste of examination an							) and manner as stated.
AE FU Be with	w II	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d, DAT	E SIGNED	(Month, Day, Year)
5 5 3 <b>3</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO B	David 5	D			23	2299	•	4/7.	154
		Dr. David Dunn, 1			,	aryland	21014			
		31. DATE FILEO (Month, Dey, Year) APR 0 8 1994	32. REGISTRAR'S SIGNATU	RE						



BALTIMORE, MARYLAND 21215-0020

BOX 68760,

BALTIMORE, MARYLAND 21215-0020	Nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate to the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Leady Hamilton Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The properties of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate to the attending physician and completely filler be filed within 72 hours after death with the State to the filed within 72 hours after death with the State to the filed within 72 hours.	IMPORTANT: If Item 28 is marked, or Item 23 interest injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE OF MARYLAND				MENTAL HYGIE!	VE .	100.0
	1. DECEDENT'S NAME (First, Middle, Last) Nancy Burke	ERIIF	ICATE O	F DEATH	0//	DAY 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. le $216-14-9828$ 1 $\square$ M 2 $\bigcirc$ F	YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Gay, Year)		BIRTHPLACE (State or Foreign Country) Maryland
TOR	99. FACILITY NAME (If not institution, give street and number)  Mercy Medical Center RESIDENCE OF DECEDENT		Balti	N OR LOCATION OF DE	EATH	9c. COUNTY N/A	Y OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY  Maryland Baltimore  10e. STREET AND NUMBER		r, town on Lo	1			10d. INSIDE CITY LIMITS? 1 YES 2 N NO
FUNERAL	23 Bernadotte Court			21234		Unite	n of what country? ed States
B	11. MARITAL STATUS  1 Never Merried 2 X Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 (X NO Specify		e or Ne— 14	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	(Specify only highest grade completed)				166. KIND OF BU		STRY
BE CO	17. FATHER'S NAME (First, Middle, Last)  Joseph E. Shea			Ethel 1			
2	John P. Burke				Poute Number, City or Tow rry Hall,		
	1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Parkw	ematory or of	prosposition therefore the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the plac	У	4/9/94 Par	kville	y or Town, State e, Maryland
	21. SIGNATURE OF FUNETAL SERVICE LICENSEE  Robert M. Kratz	3	22. NAME Mit 650	chell-Wie O York Rd	defeld Hon Baltimor	ne, Inc	21212
	23. PART t. Enter the diseases, or complications that caused the dishock, or heart fellure. List only one cause on each line immediate CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSE	leeth, Do nie,					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in deeth) LAST  b. DUE TO (OR AS A CONSE or CAUSE (Disease or injury that initieted evente or injury that initieted evente or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause or cause o						
MEDICAL	PART II. Other eignificent conditions contributing to deeth but not	resulting I	n the underly	ing ceuee given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 Input on 2 ER/Outpet on 1		OTHER:	PLACE OF DEATH (Ch			
	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	NJURY AT WORK?  YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicida 8 Could not be determined 28a. PLACE OF INJURY — At h building, stc. (Specify)	ome, farm, s			28t, LOCATION (Street City or Town, State	end Number or	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d						
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT)	D.	Detect	29c. LICENSE NUN	48 48	29d. DATE S	IGNED (Month, Day, Year)

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Morith, Day, Year)
APR 08 1994

John

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THE PROPERTY BASE (First Status   10 ms 200 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms   10 ms							-				
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BEGWIN R. HARKNESS  196. INFORMANT'S NAME (Typo-Print)  196. MAILING ADDRESS (Simel and Number or Pural Pacies Number, City or Town, Siste, Zip Code)  William K. Bennett III  411 Lakeview Avenue, Mayo, MD 21106  206. METROD OF OISPOSITION  196. Burlat 2 Cemensters of Comment (South Andrews)  206. PLACE AND DATE OF DISPOSITION (Numerol purples)  207. PLACE AND DATE OF DISPOSITION (Numerol purples)  208. PLACE AND DATE OF DISPOSITION (Numerol purples)  208. PLACE AND DATE OF DISPOSITION (Numerol purples)  219. SIGNATURE OF PURPRAL SERVICE LICENSEE  120. PLACE THE OIL DESTRUCTIVE OF Town, Stells purples of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Compa	MPLE	12	College (1-4 or 5 +)							ter	ior
The MALEN ADDRESS (Street and Number or Rusal Robus Number, City or Sown, State, 2p Code)  William K. Bennett III  411 Lakeview Avenue, Mayo, MD 21106  20s. METHOD OF OISPOSITION 105 Burlat 2   Crametion 3   Removal from State 4   Dornation 6 Other (Spechy)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE    MALEN ADDRESS (Street and Number or Rusal Robus Number, City or Town, State)   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate   Approximate	ш	Edwin R. Harkı	ness								
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Hardesty Funeral Home, P.A.   12 Ridgely Ave. Annapolis, MD   21401	ij		moval from State 20	b. PLACE AND DATE metery crematory or ISNINGTOI	e of disposition (A other place) n Nation	al Cem.	1				
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line.    Approximate shock, or heart failure. Liet only one cause on each line.   Approximate shock, or heart failure. Liet only one cause on each line.		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /			NO ADDRESS OF FA	CILITY				
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  COPD  COPD  1		ahock, or heart fallure IMMEDIATE CAUSE (Final	. Liet only one cause on	each line.	12 Ri	dgely Av	en aa can	Annapo.	lis,MD		Approximate interval Betw
27. MANNER OF CEATN  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE NOW INJURY OCCURED  28. DESCRIBE	ERTIFICATION	ahock, or heart failure  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Metas  OUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE	12 Ri not enter the m	dgely Av	en aa can	Annapo.	lis,MD		Approximate interval Betw
27. MANNER OF CEATN  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be building, etc. (Specify)  28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY OCCURED	MEDICAL CE	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Meta 6.  OUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d.	A CONSEQUENCE (	12 Ri not enter the m  OF):  OF):	dgely Av	re. th sa carr	Annapo. dlec or respir	Lis, MD ratory arrest	24b. WE AW CO OF	Approximate interval Betwood Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do On
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DIVISION OF VITAL RECORDS, P.O. BOX 68

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DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dent. of Health and Mental Modere prior to burial cremation, or remnal.	must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 21:00P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Sept. 17, 1904 HOURS DAYS 214-38-5942 1 M 2XXF 89 YRS Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 616 Plymouth rd. 21229 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 278 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES 1 YES 2 NO BY 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 8th College (1-4 or 5+) Clerical Office 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Fredrick Baumann Sarah M. Baker BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elva Mae Eareckson 27950 Oaklands Cir. Easton, Maryland 21601 20s, METHOD OF DISPOSITION
1 M Burlel 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State Baltimore National Cemeter 4/8 4 Donation 5 Other (Specify) Baltimore 21. SIGNATORE OF FUNERAL SERVICE-LICENS 22. NAME AND ADDRESS OF FACILITY
David J. Weber Funeral Homes 5311 Edmondson Ave. Baltimore, Md. 21229 23. PART I. Enter the diseases Enter the diseases of complications that caused tha deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Final Onset and Dasth disease or condition resulting in death) Possible OUE TO (OR AS A CONSEQUÊNCE OF): Colo Veoi alto Fistula CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted eventa resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO 1 Napatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY Natural M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) and manner ee stated.

29d. DATE SIGNED (Month, Day, Year) D34951 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Tank Frederick duide 405 100 32. RIGISTRAR'S SIGNATURE APR 08 1994

29c. LICENSE NUMBER

BE

2

296. SIGNATURE AND TITLE OF CERTIFIER

201 1

TIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing anounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: II

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		<del></del>					_	2. DATE	OF DEATH			3. TIME OF DEATH
Ш	Gladys i	Marie Bo	sley							/4/94	NY.	YEAR	2:27 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH			IPLACE (State or Foreign
	218-28-1759	1 M 2 X F	65	YRS.	MONTHS	DAYS	HOURS	MIN.		. 02 1	928	Mai	ryland
	9e. FACILITY NAME (If not institution, give str	eet end number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF DE				NTY OF D	
e e	Greater Baltimor	e Medica	1 Cente	r	1	Tows	on				1	Balt:	imore
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY												
DIRECTOR					Y, TOWN								10d. INSIDE CITY LIMITS?
	Maryland Bal	timore			Cock								1 TES 2 X NO
A						101	. ZIP COD				10g. CIT		WHAT COUNTRY?
FUNERAL	8 St. Elmo Cour							030				USA	
5	11. MARITAL STATUS  1 Never Married 2 Merried	FORCES? 1	T EVER IN U.S. AF			If yes, sp	ecify Cube	ın, Mexica	in, Puerto	N? (Specify Yes Rican, etc.)	or No—	14. RACI Black	E — Americen Indian, k, White, etc.
_M	3 X Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES			1 TES	ZX NO	Specif	y:			Spec	
	15. DECEDENT'S EDUC	ATION	16e. DF	CEDENT'S	USUAL O	CCUPATION	ON.	-	161	. KIND OF BUS	INCCC/IN	NICTOV	White
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	(G	ive kind of Do NOT u	work done	during mo		ng	1	A KIND OF BOO	MACOOVIA	DOSINI	
12	12	College (1-4 or 5		perv	isor				.	Depart	ment	of A	Aging
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 00	P 0 1 1 .	1001		18, MOTI	HER'S NA		Middle, Maiden		01.	-6-116
	Lawrence E. Eic	helberge	r					rt1e					
BE	19a. INFORMANT'S NAME (Type/Print)	HOLDELA		b. MAILING	ADDRES	S (Street a				iber, City or Town	n. State. Zie	o Code)	
2	Mrs. Adele Virg	inia Cla								estmin			21157
	20e. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOS	SITION (No	ma of				CATION —		
	1 № Buriel 2 □ Cremation 3 □ Remo 4 □ Donation 6 □ Other (Specify)	val from State	Mt. Z	inatory or o	IMC	Ceme	terv	pr 8	199	4			ryland
	21, SIGNATURE OF FUNERAL SERVICE LICE	DE STATE	11101	1011		NAME A	ND ADDRE						
	/ Millian Joy	Lason								-Wiede			
Н	Martin D. Law 23. PART I. Enter the diseases, or co		t coursed the de	oth Do	201 2012	10	W. Pa	adon	ia R	oad, T	imon:	ium,	MD 21093
	shock, or heart failure. L	lat only one cau	se Dn aach line	natii. 00 i	noi entei	the mo	de Di dy	ing, suc	n ss csr	diac or respi	ratory ar	reat,	Approximats interval Between
	IMMEDIATE CAUSE (Finel disesse or condition	Dulmo	nary In	famoi	h d a m								Onset and Dasth
	resulting in death)		(OR AS A CONSE										
0	Sequentially list conditions,  Pulmonary Embolism  Due to (or as a consequence of):												
Y	If any, leading to immediate cause. Enter UNDERLYING												
	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE D	F):								-
CERTIFICATION	resulting in death) LAST												
2													
¥	PART II. Other algorificant conditions						g cause (	given in	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA	Chronic Obst			ry רי	seas	se .				1 YES 2	□ NO		COMPLETION OF CAUSE DF DEATN?
	Dilated c	aruiomyo	patny										1 VES 2 NO
PHYSICIAN:													^
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:			OTHE		ACE OF D	EATN (Ch	eck only o	ne)			
ΥS	1 TYES 2 NO	1 npetient 2			4 🗆 Nu	rsing Hom	6 5 □ Re	eldence					
표	27. MANNER OF DEATN  1 XNetural 5 Pending	28e. DATE OF (Month, D		26b. TIN	URY		PRK?		28d. DESCRIBE HOW INJURY OCCURED				
B	2 Accident Investigation					M 1 YES 2 NO							
8	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At he etc. (Specify)	me, farm,	street, tac	tory, offic	•		281. LOC	or Town, State)	nd Numbe	r or Rural F	Route Number,
COMPLET	(Check only Certifying Physic												
ğ	one) 2 MEDICAL EXAMINER	: On the baels of e	xamination end/or	Investigation	on, In my	opinion, d	enth occur	red at the	time, date	end place, en	d due to ti	he cause(s	end menner ee stated,
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	21.						ENSE NUI			29d. DAT	E SIGNED	(Month, Day, Year)
0	FOREYA	Fully	MITM	1			D2	27740	)		•	4/5/	94
				-									

Palermo,

M.D.

32. REGISTRAR'S SIGNATURE

Robert A.

31. DATE FILED (Month, Day, Year)
APR 0 8 1994

P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL I	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-transit permit, val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.

Pages 1, 2, 3 should

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

Trudy Ann BARR  4. SOCIAL SECURITY NUMBER 216 = 50 = 3486  1   M 2   X F   47   YRS.  6. AGE (In yrs. lest birthday)  9b. CITY, TOWN OR LOCATION OF DEATH  FLANKLIN SQUARE HOSPITAL  RESIDENCE OF DECEDENT  10c. STATE  10b. COUNTY  MALING STATE  458 HOLLY Drive  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 15. DECEDENT'S EDUCATION 16. STATE AND NUMBER 458 HOLLY Drive  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT'S NAME (First, Middle, Last)  190. INFORMANT SAME (First, Middle, Last)  190. INFORMANT SAME (First, Middle, Last)  190. INFORMANT SAME (First, Middle, Last)  190. INFORMANT	of BIRTH In Day, 1949  OF BIRTH In Day, 1949  OF BIRTH In Day, 1949  OF BIRTH In Day, 1946  Se. COUNTY OF DEATH  Baltimore  Iod. INSIDE CITY LIMITS? 1 YES 2 (\$\frac{1}{2}\text{ NO}\)  Iog. CITIZEN OF WHAT COUNTRY?  United States  NY (Specify Yee or No- Rican, etc.)  Id. RACE — American Indian, Black, White, etc. Specify  White  OF KINO OF BUSINESS/INDUSTRY  Harford Co. Government  Middle, Maiden Surname)  2 Smith  Deer, City or Town, Stele.  200 LOCATION — City or Town, Stele.				
4. SOCIAL SECURITY NUMBER 216=50 \$\iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	OF BIRTH  In Day, Year)  OF BIRTH  IN DAY, Year)  OF COUNTY OF DEATH  Baltimore  10d. INSIDE CITY  LIMITS?  1 YES 2 (X NO  10g. CITIZEN OF WHAT COUNTRY?  United States  NY (Specify Yee or No—  Rican, etc.)  It. RACE—American Indian, Black, White, etc.  Specify  White  OF KINO OF BUSINESS/INDUSTRY  Harford Co. Government  Middle, Maiden Surname)  2 Smith  Deer, City or Town, State, Zip Code)  20, Maryland 21001				
96. FACILITY NAME (If not institution, give street and number)  Franklin Square Hospital  Residence of Decedent  106. State  106. County  Maryland  106. County  Maryland  106. Street and number  458 Holly Drive  11. Marital status  1   Never Merried 2½X Merried  3   Widowed 4   Divorced  15. Decedent's Education  16. Specify only highest grade completed)  17. Father's name (First, Middle, Last)  Harry James Huber  196. Mailing address (Street and Number or Rural Route Number)  198. Mailing address (Street and Number or Rural Route Number)  199. Mailing address (Street and Number or Rural Route Number)  209. METHOD OF DISPOSITION  14. Buriel 2   Gremetion 3   Removel from State    4   Donotion 5   Other (Specity)  200. Place And Date of Disposition (Name of capitally place)  21. Signature of Funeral Service Licensee  22. Name and Address of Facility  Pudam Ruck Function  7922 Wise Ave.	Processing to the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing o				
99. FACILITY NAME (If not institution, give street and number)  Franklin Square Hospital  Residence of Decedent  100. County  Maryland  101. County  Maryland  102. Street and number  458 Holly Drive  11. Marital Status  12. Was decedent ever in u.s. Armed Forces? 1 yes 2 No  15. Decedent's Education  16. Specify only highest grade completed)  17. Father's name (First, Middle, Last)  Harry James Huber  190. Malling address (Street and Number or Rural Route Number)  190. Malling address (Street and Number or Rural Route Number)  190. Malling address (Street and Number or Rural Route Number)  190. Malling address (Street and Number or Rural Route Number)  190. Malling address (Street and Number or Rural Route Number)  200. Method of Disposition  100. CITY, TOWN OR LOCATION of COATH  ROSSVILLE  101. CITY, TOWN OR LOCATION of Location of Coath  102. CITY, TOWN OR LOCATION of Location of Coath  103. Was decembent of Hispanic Ordinal In Section of Location of Coath  11. Was decembent of Hispanic Ordinal In Section of Coath  11. Was decembent of Hispanic Ordinal In Section of Work done during most of working life. Do NOT use refired.)  11. Was decembent of Hispanic Ordinal Route Number of Coath of Work done during most of working life. Do NOT use refired.)  12. Was decembent of Working Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info Nothing Info N	9c. COUNTY OF DEATH  Baltimore  10d. INSIDE CITY LIMITS? 1 □ YES 2 [X] NO  10g. CITIZEN OF WHAT COUNTRY?  United States  N? (Specify Yee or No— 14. RACE — American Indian, Black, White, etc., Specify: White  D. KINO OF BUSINESS/INDUSTRY  Harford Co. Government  Middle, Maiden Surname)  2 Smith  Der, City or Town, Stete, Zip Code)  2n, Maryland 21001  TE 20c LOCATION — City or Town, Stete				
Franklin Square Hospital  Residence of Decedent  100. State  100. State  100. Street and number  458 Holly Drive  11. Marital Status  1   Mover Merried 2/2 Merried  3   Widowed 4   Divorced  15. Decedent's Education  15. Decedent's Education  16. Decedent's Usual occupation  (Specify only highest grade completed)  17. Father's Name (First. Middle, Last)  Harry James Huber  190. Mailing address (Street and Number or Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Power Number of Rural Rucal Function State August Public Cempetery 4 / 9 / 1 9 9 4  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Duda. Rucal Function 7 922 Wise Ave.	Baltimore    10d. INSIDE CITY LIMITS?   1   YES 2 [X] NO   10g. CITIZEN OF WHAT COUNTRY?   United States   N? (Specify Yee or No   14. RACE - American Indian, Black, White, etc.   Specify White   White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White   Specify White				
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7922 Wise Ave.	ral Home of Dundalk. Inc.				
	Dundalk, Maryland 212				
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PART III. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I.	PERFORMED?  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
	OF DEATH?				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  10. PLACE DF DEATH (Check only on	ne)				
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1 by Natural 5 Rending (Month, Day, Yeer) INJURY WORK?	SCRIBE HOW INJURY OCCURED				
2 Accident	CATION (Street and Number or Rural Route Number, or Town, State)				
4 Homicide determined	City or Town, State)				
3 Suicide 6 Could not be determined 25t. LOC City  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date					
20h SIGNATURE AND TITLE DEPOSITIONS					
1.D. D18427	7				
30. NAME AND ADDRESS OF PERSON WITD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)					
Dr. Myo Thant 9000 Franklin squire Dr. Baltimore, Marylan	d 21237				
31. DATE FILED (Month, De) 8/1994 32 Jeostrals signature Revolution					

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RECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detache		m 28 is marked or liken 23 shows any injury or other traumatic event the medical examinar must be notified at once
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		DER 24 HRS.	7. DATE OF I	BIRTH		8. BIRTNI	PLACE (State or Fore
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BE	William	Rodger			Maude E. Englisc					-		
2	19s. INFORMANT'S NAME (Type/Print)					S (Street and Nur						
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH PAL L 500 AM 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 24 HRS IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) Nov. 25, DAYS HOURS 1 □ M 2 TF 294-12-3610 85 1908 Ohio Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Medical Center Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 5001 E. Oliver Street 21205 U.S.A. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Rican, atc.)
1 ☐ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 3 🔀 Widowed 4 🗌 Divorced White 16e. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) N/A Own Home A Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) 70 Jesse Lemon Maude Unknown BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Davis (Daughter) 4310 Camellia Road, Baltimore, Md. after death. Page 6 may be ě 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 1 Suriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify) Glen Haven Memorial Park 4/7 Baltimore, Maryland examiner 21. SIGNATURE OF FUNDAAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md. 21213 npletely iffled in by the cremation, or removal. the medical 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only ona cause on each lina intarvai Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) SEPSIS and completely to burial, cremation event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed with DUE TO (OR AS A CONSEQUENCE OF): izchewid 6x416W171 other traumatic CERTIFICATION Sequentially list conditions, prior to t DUE TO (OR AS A CONSEQUENCE OF) if any, lasding to immediata cause. Entar UNDERLYING signed by the attending physician Health and Mental Hygiene prior to sized month Arterial CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in dasth) LAST Levo Sclevosis PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Diabeter AVAILABLE PRIOR TO Moron shows any irea COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 YES 2 NO 10 PHYSICIAN: Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h with the State [ EXAMINER? HOSPITAL: OTHER: ignationt 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY After Investigation __ Accident 3 Suicide PLACE OF INJURY — At home, farm, atreat, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town State) 28 Is 8 Could not be determined DIRECTOR: / 4 Homicide COMPLET 29e. CERTIFIER BERTIFYING PHYSICIAN: To the best of my kno edge, death occurred at the time, date end place, end due to the cause(e) end menner ee atated. FUNERAL Within 72 h Ξ 2 MEDICAL EXAMINER nvestigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CER 29d. DATE SIGNED (Month, Day, Year) BE HOUSESTAFF Sed Sed 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) STEVEN BASTERN 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE whis Devides

08 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)			TOATE OF	DEATH	2. DATE OF DEATH	).	3. TIME OF DEATH
	McClellan A. Byers						1994 YEAR	12:58 P.M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
		M 2 □ F 7	L YRS.	MONTHS DAYS	HOURS MIN.	July 17,	Coun	nnsylvania
~	9a. FACILITY NAME (If not institution, give street			i e	OR LOCATION OF DE	ATH	9c. COUNTY OF	
0	5129 Farnsworth Pla	ace		Baltim	ore		Baltimo	re County
ا E	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	Maryland Baltim	ore County	Bal	Ltimore				LIMITS?
	10e. STREET AND NUMBER	ore courtey	Das		f. ZIP CODE		1 ☐ YES 2 🔀 NO WHAT COUNTRY?	
H.	5129 Farnsworth Pla			"	21206		U.S.A	
FUNERAL		. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Y		E — American Indian,
	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, sp		n, Puerto Ricen, atc.)	Blac	ck, White, etc.
B	3 Wildowed 4 Divorced	ii 120, dire will on e	AILS	I TES	2 20 NO Specify	r.	Wh	îte
	15. DECEOENT'S EDUCATE (Specify only highest grade con	ION poletedi		USUAL OCCUPATI		16b. KIND OF B	SINESS/INDUSTRY	
COMPLET		College (1-4 or 5+)	life. Do NOT us	work done during mo se retired.)	ost or working			
E	12th Grade		Adminis	strator		Auto M	anufactu	ring
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maide	Sumame)	
BE	John Byers							
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F	Boute Number, City or To	vn, State, Zip Code)	
-	Anna K. Byers		5129 F	arnswor	th Place,	Baltimor	e, Maryla	and 21206
	20a, METHOD OF DISPOSITION		b. PLACE AND DATE			DATE 20c. L	OCATION — City or T	own, State
	4 Donation 5 Other (Specify)	Me	eadowride	je Memor:	ial Park	4/8 Ba	ltimore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			ND ADDRESS OF FAC			
	De marile m	2 B.	1 6	John (	C. Miller	Inc.		7 7 03000
	23. PART i. Enter the diseases, or com-	policetions that cause	d the death Do	0415 I	Belair Ro	bad, Balti	more, Mai	ryland 21206
HIFICATION	shock, or heert fellure. List IMMEDIATE CAUSE (Final disesse or condition resulting in deeth)  Sequentially list conditione, if smy, leading to immediate cause. Entar UNDERLYING CAUSE (Disesse or Injury	LUNO DUE TO (OR AS		F): /	Meda.	stotic		Interval Between Onset and Death
H	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):						
3	PART II. Other significent conditions c	ontributing to death i	aut not requition	le the metadule	a annua abusa ta i			
ICAL		orking to death i	out not resulting	in the underlyin		Don't a. man		
1					g couse given in	Pert I. 24s. WAS AI PERFO	RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
					g ceuse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
	25. WAS CASE REFERRED TO MEDICAL			2ê D		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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CIAN. The law recuires that the death certificate be executed with cours after death. Page 6 may be retained by the hosterian or attendion orbits after death. Page 6 may be retained by the hosterian orbits and the second of the second or attendion orbits and the second or attendion orbits and the second or attendion orbits and the second or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or attendion or	rectificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Decr. of Health and Mental Hyndre prior to burial, remaining, or removal	st be notified at once.
Cuted with	d completely filted in by the funeral directorurial. cremation, or removal.	d, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once.
requires that the death certificate be see	certificate has been signed by the attending physician and completely filled in by the the State Dect. of Health and Mental Hvolene prior to burial, cremation, or removal.	shows any Injury, or other trauma
TAL OR TIPOS PHYSICIAN: The faw	VAL DEFENDE TO Certificate has 177	It Item 28 is marked, or Item 23
THE HOSP	TO THE FUNE	IMPORTANI

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF I		MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)		- California	OATE OF	DEATH	2. DATE OF DEAT	H		3. TIME OF DE	ATH
	Judson		Council	1		April	6. 19	94	5:45	
	4. SOCIAL SECURITY NUMBER		'in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		6. BIRTHE	PLACE (State or	
	213-20-5304  9a. FACILITY NAME (If not institution, give st	1 € M 2 □ F 97	YRS.	9b. CITY, TOWN	DR LOCATION OF DE	February	26 <b>,</b> 1897	Mary	land	
TOR	Baptist Home of M	laryland		Owings	Mills				e Count	ty
DIRECTOR	10a. STATE 10b. COUNTY Maryland Balti	more County	1	ngs Mil					10d. INSIDE CIT LIMITS?	_
	10e. STREET AND NUMBER				. ZIP CODE		10g, CITIZ	_	HAT COUNTRY?	, NO
ER/	8700 Park Heights	Avenue			21117		U	.S.A		
BY FUNERAL	11. MARITAL STATUS 1. Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR DO	2 NO	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc. y:		14. RACE Black, Specify	- American Inc White, etc.	
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATI	ON .	16b. KIND OF	BUSINESS/INDU	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	Drafts	retired.)	ist or working	Impo	ort/Exp	ort		
S S	17, FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Ma				
BE C	Virginius	A. Cou	mcill		Margare	et		Mo	ran	
10 B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or				
-	Margaret Carver	Flowers	217 C	hancery	Road, Ba	altimore,	Maryl	and :	21218	
	20a. METHOD OF DISPOSITION  1		PLACE AND DATE O		April 7,	1	altimore.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 1	0-1)		ND ADDRESS OF FA					
8	John G. Reitz	(M-00804)	cog/			defeld Ho		rv1a	nd 2121	2
	John G. Reitz (M-0)804 6500 York Rd. Baltimore, Maryl  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. Elat only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):						eat,	Approxir interval Onset ar	Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF							
ALC	PART II. Other significant conditions	Itions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUT							WERE AUTOPSY	
MEDIC	24. WES AN AUTOPSY PERFORMED?  1 YES 2 XNO							AMILABLE PRIO COMPLETION DE OF DEATH?	CAUSE	
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
SIC	26. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)									
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO		URED		
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, larm, s	treet, factory, offic	: <b>4</b>	28f. LOCATION (Str City or Town, S	met and Number ( tate)	or Rural Ro	oute Number,	
COMPLETED		CIAN: To the best of my know							and menner as	stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER		7 11	1.	29c. LICENSE NUI				(Month, Day, Year	
0	20 NAME AND ADDRESS OF BERSON WAY	COMPLETED CALLED	10100	2	שתו	10-6		4	6.91	
	30. NAME AND ADDRESS OF PERSON WHO Theodore C. Hou	k, M.D. 7825	York Rd		n, Ma <del>ry</del> la	and 21286				
	APR 08 1994	32. BEGISTRAR'S SIGN	ATURE							

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		1 - STATE REGISTRAR	SIAIE UF MAP			ICATI				MENTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)	Aldeen	Pearl	Cra	whor	d				)6	3. TIME OF DEATH 1994 4:00 AM	M
			5. SEX 6. /	AGE (in yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	-
P		227 20 7100	1 🗆 M 2 💢 F	67	YRS.				MIN.	08-21-19	726	Virginia	
3 should	œ	9a. FACILITY NAME (If not institution, give stre				96. CITY			ON OF DE	ATH		NTY OF DEATH	
1, 2,	ECTOR	Meridian Heritage Nursing Home Dundalk Baltimore											_
Pages	CC	10a. STATE 10b. COUNTY	- 2.44		10c. CIT	Y, TOWN	OR LOCAT					10d. INSIDE CITY	
permit. P	L Di	Maryland 100. STREET AND NUMBER	Baltim	ore			1		<u>unda</u>	lk	1 TES 2 NO		
	FRAL												
020 physician. burial-transit	FUNE		12. WAS DECEDENT EV	ER IN U.S. ARI	MED	13.	WAS DECI	ENDENT C	OF HISPAN	IC ORIGIN? (Specify Yes		14. RACE — American Indian.	_
	BY F	1 Never Merried 2 🔀 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE					cify Cubs	Specify	n, Puerto Rican, etc.)	Black, White, etc. Specify: White		
Se affe	9	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DEC	CEDENT'S	USUAL O	CCUPATIO	N - ~ waddin		16b. KIND OF BU	SINESS/IND		_
21 20 al or 10 u	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	se retired.)		St OF WORK	ng				
AND the hospital detached is	COMP	17. FATHER'S NAME (First, Middle, Last)	Year		Нои	sewi	re	4071	TOTAL MAI		1 Home	٤	_
# 8 E	S I	Virgil J. Atkins							Blan	ME (First, Middle, Melden Ch Unkno			
MAR retained 5 should notified	00	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRES	S (Street a			CYL UYLIZYLO  loute Number, City or Tow		Code)	
E, M. y be retuined age 5 s	5	Mr. James G. Cra	whord							Dundalk, 1			
_ ~ ~ <del>_</del>		20a METHOD OF DISPOSITION YES Burlel 2 Cremetion 3 Remov	ral from State	20b. PLACE A cemetery, gren	ND DATE	OF DISPOS	SITION (Na	me of	1.10	DATE 20c. LO	CATION -	City or Town, State	
		4 Donation 5 Other (Specify)  21. SEGNATURE OF FINERAL SERVICE LICE	NSEE/	HOCCU	mu	22.	NAME AN	ID ADDRE	SS OF FAC	YTUK		River, Maryla	no
SALT death. e funer. al. exami		· (her h	tus	L/			Duda	-Ruc	k Fu	neral Homo e. Dunda		Dundalk, Inc. aryland 21222	
nours after d in by the or removal		23. PART I. Enter the diseases, or co shock, or heart fallure. Li	mplications that car	used the dea	ath. Do i	not anter	the mo	da of dyl	ing, such	aa cardiac or reap	iratory arr	eat, Approximate interval Between	-
filled ion, or		IMMEDIATE CAUSE (Final											
within.	ŀ	resulting in death)	DUE TO (OR	AS A CONSEO	UENCE O	n:							
cuted of come	z	C.	Li	der	Ro	arl	1.0					5 years	
be exe sian an or to t	CATION	Sequentially list conditions, if any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):										10 years	
ficate physic ne pri		CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEO	UENCE O	The	- si	-					
P. Certi	CERTIFI	reaulting in death) LAST	Chro	nic	al	time	h	end	itin	Cidiopa	this	1 24 year	9
the death by the attent of Mental H		PART II. Other aignificant conditions	contributing to dea	th but not re	aulting	In the ur						24b. WERE AUTOPSY FINDINGS	
That the ed by the h and lv	ICAL	Dialetts		iii bai iivi ii	Juditing	ni tila ai	root tyning	, cause 1	jiven in i	PERFOI	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	,
sign Healt	MED	Renal fo	arline							1 ☐ YES 2	. I NO	OF DEATH?	
Z e e e													
E # # 5	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			отне:		ACE OF D	EATH (Che	ock only one)			
CtAl	PHYS	1 YES 2 NO 27. MANNER OF DEATH	1  Inpetiant: 2  ER		DOA 286. TIM	_	aling Home		eldenca	6 Other (Specify)  28d. DESCRIBE HOW I	IN ILIBY OCC	TIPED .	_
NG PHYSIC fer this ce sath with ti		1 Natural 5 Pending	(Month, Day, Ye	bar)	IN	JURY M	WO	RK7	□ NO	200. DESCRIBE NOW	INJUNT OCC	ONED	
NDING NDING Is main	р ву	3 Suicide 6 Could not be	26a. PLACE OF IN. building, etc.	JURY — At hor (Specify)	ne, farm,	streef, fact	lory, office			26f. LOCATION (Street City or Town, State)	and Number	or Rural Route Number,	_
OR ATTEN OR ATTEN DIRECTOR: hours after ttem 28 I	ETED	4 Homicide detarmined		(ороспу)						City or lown, State,			
로 기가 는	COMPLET	onel "	AN: To the best of my i										
HOSPITAL FUNERAL WITHIN 72 I	S	2   MEDICAL EXAMINER	On the basis of axamis	nation end/or in	rvestigatio	on, in my o	opinion, de	eath occur	red at the t	time, date end placa, ar	nd due to th	e cause(s) and menner as stated.	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 I	BE	291 SIGNATURE AND TITLE OF CERTIFIER	+	-				29c. LICE	ENSE NUM	BER	29d. DATE	E SIGNED (Month, Day, Year)	
P P 2 🖺	6	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM	27) (Type	, Print)		DC	1 17	68		117194	4
		1576 Merritt	BYVd.	DI	_	326	, 1	MO	2	1222		,	
_		31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S										
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE
	1. DECEDENT'S NAME (First, Middle, Last)	A
	A BOOM SCOUNTY AND DEED	F 054

## OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

									111	G. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)	Antho	ur Lerou	Cas	noh				2. DATE OF D	EATH DA		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER							$\rightarrow$	04 07 1994 10:10 A			
		5. SEX 1½ M 2 ☐ F	6. AGE (In yrs. last	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day	Ybar)		8. BIRTHPLACE (State or Foreign Country)
	213 ↔ 07 ↔ 7306  9e. FACILITY NAME (If not institution, give si		83	THS.				02-0	8-19		Pennsylvania	
œ	Heritage Nursi				9b. CITY,		dalk	ON OF DEA	ATH			NTY OF DEATH
2	RESIDENCE OF DECEDENT	ig nome			<u> </u>	vun	aucr				DC	altimore
£	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
Heritage Nursing Home Dundalk Balta  RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION  Maryland Baltimore Dundalk									LIMITS?			
									10g. CIT	IZEN OF WHAT COUNTRY?		
띮	5 Admiral Boulevo	<i>u</i> rd						212	222			United States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI						C ORIGIN? (Sp		or No-	14. RACE — American Indian, Black, White, atc.
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE V		~	1	YES TES	2 NO	Specify:	, Puarto Ricen,	etc.)		Specify: White
	15. DECEDENT'S EDUC	NATION .										
COMPLETED	(Specify only highest grade	completed)	(Gir	e kind of a Do NOT us	work done d	luring mo	at of working	g	16b, KINE	OF BUS	INESS/INE	DUSTRY
P	Elementery/Secondary (0-12)  12th Grade	College (1-4 or 5	+)			hau			Par	+1-0-	1	Ctaal Carro
ΣO	17. FATHER'S NAME (First, Middle, Last)			sile	e wor	<u> Ker</u>		IER'S NAM	IE (First, Middle	Maidan:	Sumama	Steel Corp.
C	Herman Casper.	Sh.							30rman	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BE	19e. INFORMANT'S NAME (Type/Print)	0.0	196	. MAILING	ADDRESS	(Street a			oute Number, Ci	ty or Town	n, Stete, Zig	D Code)
2	Mr. & Mrs. Alan	Ferauson.										d 21222
	20e. METHOD OF DISPOSITION 1 ☐ Buriet 2 X Cremetion 3 ☐ Rame		20b. PLACE A	ND DATE	OF DISPOSI	TION/Na		0 00				City or Town, Stata
	4 Donation 5 Other (Specify)		cametery, crer	top o	ther place) Settvi	ce	Corp.	4/	11/94	To	wson.	. Maryland
	21. SIGNATURE OF HUNERAL SERVICE LIC	ENSEE	0			NAME AN	D ADDRES	S OF FAC	ILITY			
	Mars. S	5 / Can	X_									Dundalk, Inc.
_	23. PART I. Enter the diseases or o	omplications the	it coused the dea	ith. Do i	not anter	192	da of dvi	<u>5 6. Al</u>	ss cardiac	<u>inaa</u> or reapi	ratory an	Maryland 21222
	shock, or heart failure.	Liat only one car	use on each lina.				•				,	Intarval Between Onset and Daeth
	disaase or condition		ACU	ITZ	- /	PD	CP15	ATO	RIA	IN	111	Officer and basin
	resulting in death)	DUE TO	(OR AS A CONSEC	UENCE O	F):	·U	J V / 1	11/0	109	7 71	104	100
z		h	45°C	110								4ADRS
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	UENCE O	F):							7007
S	cause. Entar UNDERLYING CAUSE (Disease or injury	c										
발	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE O	F):							
<b>H</b>		d										
	PART II. Other significant condition	a contributing to	death but not re	sulting	in the un	darlying	g cause g	jiven in F	Part i. 24s.		AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	CA	NOER	OP 4	RIN	Any	B	LAI	DDE	12 1	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1.4						, , , , ,	TE NO	OF DEATH?
N N												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	EATH (Che	ck only one)			
Si	1 YES 2 DAYO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nurs		e 5 🗆 Re	eldence (	B C Other (Spe	icify)		
H	27. MANNER OF DEATH	28e. DATE OF (Month, L	INJURY Day, Year)	28b. TIM	E OF JURY	28c. INJ WO	URY AT		28d. DESCRIB	E NOW IN	JURY OC	CURED
B≺	1 Accident 5 Pending Investigation				M	1 🗆 1	rES 2	NO				
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE ( building,	OF INJURY — At hor etc. (Specify)	ne, tarm,	street, facto	ry, offic			281. LOCATION City or Tox		nd Number	r or Rural Route Number,
E I												
릴	29e. CERTIFIER (Check only											
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beele of e	xamination end/or is	rvestigstic	on, in my op	elnlon, d	aath occur	ed at the t	ime, date end	plece, en	d due to th	he ceuse(e) and menner ee stated.
w II	296. SIGNATURE AND TITLE OF CERTIFIER	1	0	00			29c. LICE	NSE NUM	BER	, 1	29d. DAT	E SIGNED (Month, Day, Year)
0 0	13 teffer	vae.	* Mal	PIL			9	13	66	4		4/7/94
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAU	SE OF DEATH (ITEN	1 27) (Type	, Print)			11	01 1	7	-1	
	BC. VENTRA	40N JA	- 140	15	76	M	eri	5/1	DIUd	. , 1	15e	150.04d2122
	APR 0 8 100/	32. FEGISTR	SIGNATURE		4							

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and completely filled in by the obural, cremation, or removal,

attending physician

to burial, cremation, or

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Mental Hygiene

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296. SIGNATURE AND TITLE OF CERTIFIER

APR 08 1994

WASSIM

M.D.

32 REGISTRAN'S SIGNATURE
FULLA DEVILON-RONDORL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

use as the burial-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	L OR ATTENDING P
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	SPITAL
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATN Johnnie Dixon 04 94 11:15 A 0 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTNPLACE (State or Foreign HOURS 237-52-3867 10 M 2 | F 66 YRS 1/20/1928 Farmville, NC 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2200 Westwood Aveuue 21216 USA 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 X YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4X Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12th Cedar Hill Cemetery Groundskeeper 17. FATNER'S NAME (First Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 100 Claude Dixon Susie Taylor BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Taft 2200 Westwood Avenue Balto., MD pe 20a. METNOD OF DISPOSITION
1 Surial 2 Cremation 3 Red
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Warren Cemetery 4/9/94 Snow Hill, N.C. FUNERAL SERVICE LICENS examiner 22. NAME AND ADDRESS OF FACILITY Leroy O. dyett & Son Funeral Home 4600 Liberty Heights Avenue 21207 medicai 5-Effer the diseases or shock, or hear failure need the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, Approximata re. List only one cause on eech line Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) with metastasis to Lon ancer event, month DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury, PART II. Other eignificant conditione contributing to deeth but not recuiting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE shows any 1 TYES 2 T NO 1 - YES 2 - NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28s. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office hullding, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 3 Suicide 60 8 Could not be 4 Nomicide 28 determined If Item 29e. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end piece, and due to the cause(a) and menner as atted. COMPL THE HOSPITA
THE FUNERA
IN filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, date and piecs, and due to the ceuse(e) and manner se stated.

DNMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

04-05-94

29c. LICENSE NUMBER DEA AT 24389 46

EL-HARAKE - THE UNION MEMORIAL HOSP, 201 E. Univ PKY, BALTIM DEF

12011 41

DIVISION OF VITAL RECORDS, P.O. BOX 68760. DR ATTENDING HOSPITAL

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ysician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
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JAN: The law requires that the death certificate be executed with	DIS U	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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DIRECTOR

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TO THE HOSPITA
TO THE FUNERA
De filed within 7

94 10352 Item# 9a Per F.H. Film# G-710 04/08/94 R.M. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN DAY YEAR ALDINERE 904 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (Stein or Foreign 1 💢 M 2 🗆 F 54 /4/1939 Virai 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c COUNTY OF DEATH University Hospital
Viversity Hospital
RESIDENCE OF DECEDENT Baltimore 10b. COUNTY 18c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 836 N. Stricker Street 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-it yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TYES 2 XNO Specify: 3 Widowed 4 Divorced **Black** 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only (Give kind of work done life. Do NOT use retired.) Baltimore City Fire & Elementary/Secondery (0-12) College (1-4 or 5+) Firefighter 12th Ambulance 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme, Lenzy Darden Ellen Lawrence 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code, 9900 S. Quay Rd. Delores Darden Suffokl, Virginia 23437 20e. METNOD OF DISPOSITION
1 Burlal 2 Kremetion 3 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Metro Crematory of other place) 4 Donation 6 Other (Specify) 4/88/94 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEN 22. NAME AND ADDRESS OF FACILITY Leroy O. Dyett & Son Funeral Home 4600 Liberty Heights Avenue 21207 caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate shock, or hear flure. List only one ca te Do each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN? 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 THO Inpetient 2 ER/Outpetient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural INJURY 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide

29s. CERTIFIER 1 CERTIFYING PNYSICIAN: To the beet of my knowladge, death occurred at the time, date and place, end due to the cause(s) end menner ee ateted. 2 MEDICAL EXAMINER: On the tion and/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) end menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) APR 08 1994 32 REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH
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	1 - FOR STATE REGISTRAR	STATE OF MA			TMENT					HYGIEN REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last) Thomas Donahue	Thomas	Leon	Don	ahu	е			2. DATE OF MONTH 0 4 - 0	D.I	W	YEAR	3. TIME OF DEATH 1:49 PM
	4. SOCIAL SECURITY NUMBER 213-34-6737	birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	MIN,	7. DATE OF (Morith, D MCLY	lay; Year)	8. BHRTHPLACE (State or Foreign Country) 937 Washington D.C.				
TOR	9a. FACILITY NAME (If not institution, give a  127 Hampshire RESIDENCE OF DECEDENT				9b. CITY,	Es.	sex	ON OF DE	EATH		BC. COUNT		imore
DIRECTOR	10a. STATE 10b. COUNT Maryland	y Baltimo	n o	10c, CIT	r, TOWN O	R LOCATI		Esse	) Y				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		ce			101.	ZIP CODE						1 YES 2 NO
FUNERAL	127 Hampshire F  11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT E	VER IN U.S. ARMI	ED					NC ORIGIN? (			4. RACE	- American Indian, White, etc.
D BY	1 Never Married 2 Married Black, W Specify:  1 Never Married 2 Married FORCES? 1 12 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:  15. DECEDENT'S EDUCATION  16a. DECEDENT'S USUAL OCCUPATION  16b. KIND OF BUSINESS/INDUSTRY										white		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)  12th Grade	College (1-4 or 5+)	(Give	o kind of v Do NOT us	rork done of retired.)	during mos	of workin		160. KJ	NU OF BUS	NNESS/INDU	STHY	
	17. FATHER'S NAME (First, Middle, Last) Thomas L. Dona	ahuo					18. MOTH	IER'S NAI	ME (First, Mick		-		
TO BE	19a, INFORMANT'S NAME (Type/Print)						d Number	or Rural R	Route Number,	City or Town	n, State, Zip C		001
	MUS. Nancy L. Do  20e. METHOD OF DISPOSITION  1 & Burlel 2 Cremation 3 Rem  4 Donation 6 Other (Specify)		20h PLACE AN	ID DATE (	E DISPOS	ITION /Nam	ne of		DATE	200 100	CATION - CI	tu or Ton	221 nn, state ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	D-	ris u	22. J	uda-	RUCK	Fur	ieral	Home	06 Du	ında	lk, Inc.
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that	aused the deat	th. Do n	ot enter	922 the mod	wise of dyi	. Ave	2. Du	ndalk or reepi	ratory arre	uyla nt,	nd 21222
	IMMEDIATE CAUSE (Finei disease or condition resulting in death)	e, metast	tatic ac			c i nor	na o	f th	e col	on			Onset and Death  13 month
N O	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQU										
¥	PART ii. Other aignificant condition	na contributing to de	ath but not rec	ouiting i	n the un	deriying	cause g	iven in I	Part i. 24	a. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC									_   1	☐ YES 2	М №		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					CE OF DE	EATH (Che	ack only one)				
HYSI	1 Tes 2 NO  27. MANNER OF DEATH	1 Inpetient 2 I E	JURY	285. TIM	OF	ing Home 28c. INJU	RY AT	sidence	6 Other (S		JURY OCCU	RED	
B	1 [X] Natural 5 Pending 2 Accident Investigation	(Month, Day,	NJURY — At home	INJ	М		K7 S 2	NO	201 1 00047	DAI (00		00	
ETED	3 Suicide 8 Could not be determined  29e, CERTIFIER	building, etc	. (Specify)						City or 1	own, State)	nd Number o		oute Number,
COMPLETED	(Check only one)  2 MEDICAL EXAMINE	ICIAN: To the best of my											and manner as stated.
TO BE (	DOO TOUR	mu) u	W				29c. LICE 72	HSE NUM	H 9		29d. DATE :	5	(Month, Day, Year)
	30. NAME AND ADDRESS OF MARSON WH Dorothy A. Snow		N. Gre			Ba	ltime	ore,	MD 2	1201			
	app 08 1994	Jalie Steen	SIGNATURE WASH ROAD	all.									
													DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attention physician and completely filled in by the funeral direction, page 5 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEA	TH		BEG NO

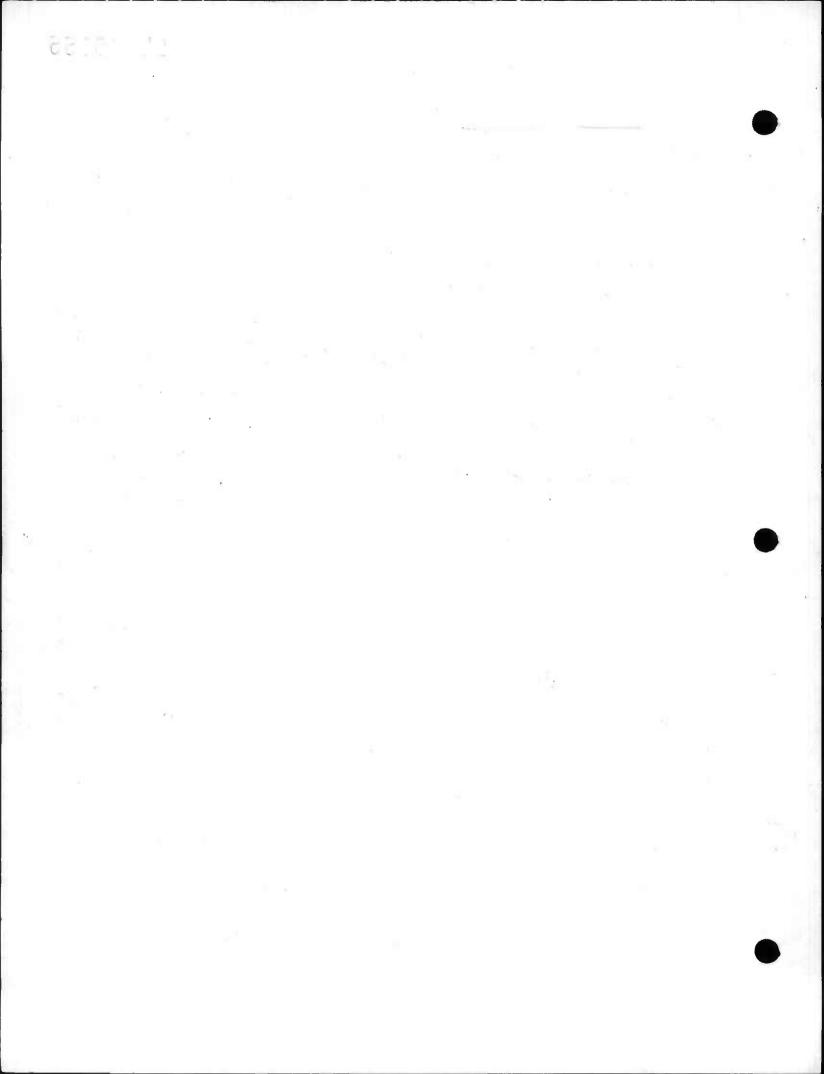
1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Leat)	Eic	Dia	29		2. DATE OF DEATH DAY	dier	2 8 M	
214-40-4453	□ M 2 😿 F	87 YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 MRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 06/30/06	Ma 1	ryland	
8a. FACILITY NAME (If not institution, give street CATTO 11 Luther: Health Care RESIDENCE OF DECEDENT	an Village Center	- '		tminste		Cari		
Maryland Ca:	rroll		TOWN OR LOCA	rion Vestmins	ter	10d. INSIDE CITY LIMITS? 1  YES 2 X NO		
210 St. Mark Wa	y Apt.20	2	10	1. ZIP CODE 2115		og. CITIZEN OF WHAT COUNTRY? USA		
11. MARITAL STATUS  1 Never Married 2 Married  3 XWidowed 4 Divorced	WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 X NO ATES	If yes, or	ENDENT OF HISPAN Hecity Cuben, Maxica 2 NO Specify	IC ORIGIN? (Specify Yea or No. n, Puerto Rican, etc.)	Black,	- American Indian, White, etc. White	
15. DECEDENT'S EDUCATE (Specify only highest grade com Elementary/Secondary (0-12)		Ille. Do NOT use	rk done during mo retired.)	et of working	18b, KIND OF BUSINESS	collection and a second		
17. FATHER'S NAME (First, Middle, Leat)			Teache		ME (First, Middle, Melden Surnerr			
Charles A.  19a. INFORMANT'S NAME (Type/Print)	Emerine	19b. MAILING A	DDRESS (Street	and Number or Rural F	Evlyn Harp Route Number, City or Town, State			
Donald L. Allew	201	PLACE AND DATE OF	DISPOSITION /N	ert Str		more, N	1D 21202 n, Stata	
4 Donation 6 Other (Specify)  21. SIGNATURE OF BUNERAL SERVICE LICENS	Me	etro Crei	22. NAME A	NO ADDRESS OF FA	04/06 Balt ociety of			
George E. Ma		d the death. De se	299	Frederi	ck Rd. Bal	timore	Approximata	
shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions,	DUE TO (OR AS	ach line.  CONSECUENCE OF):	<i>a</i>				interval Between Onset and Death	
If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):						
PART II. Other eignificent conditions of		out not reculting in	the underlyin	g ceuse given in	Part I. 24e. WAS AN AUTOF PERFORMED? 1 YES 2 MC		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO	
	OSPITAL:	netless 3 7 DOA	THER:	LACE OF DEATH (CA				
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED		
3 Suicide 5 Could not be determined	28a. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, str	eet, factory, offic	ia .	28f. LOCATION (Street and Nur City or Town, State)	mber or Rural Ro	ute Number,	
					to the cause(s) and manner so time, data and place, and dua		and manner as stated.	
296, SIGNATURE (NO TITLE OF CERTIFIER	yh	- M	2	29c. LICENSE NUM	18ER 29d.	DATE SIGNED (	Month, Bay, Year)	
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	18N A	10 OK	,1	10.77	2/		
APR 0 8 1994	Juli Sande			/				

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DIVISION OF	
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Item# 1 Per F.F. Film# G-710 04/08/94 R.M.

		1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last) ANN K. donovan  2. DATE OF DEATH MONTH   80AV   94EAR   1245A M
Pin		4. SOCIAL SECURITY NUMBER  5. SEX  Control of Service Control of Service Control of Service Control of Service Control of Service Control of Service Control of Service Control of Service Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of
2, 3 should	стоя	96. FACILITY NAME (If not institution, give street end number)  PAIR MOUNT NUB: CIR.  RESIDENCE OF DECEDENT  96. COUNTY OF DEATH  City
Pages 1	DIREC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
permit. I		7/0   City   Baltimore   1x  YES 2 □ NO     100. STREET AND NUMBER   100. CITIZEN OF WHAT COUNTRY?
12	FUNERAL	Fairmont Nursing Ctr 100 N. Broadway 21231 USA
215-0020 attending physician. se as the burial-transit	ВУ	11. MARITAL STATUS  1   Never Merried 2   Merried  1   Never Merried 2   Merried  1   Never Merried 4   Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2   NO
2121 al or atte	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  4  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Medical Secretary  Health Care
A se se	COMPL	17, FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)
MARYL retained by t 5 should be notified at	BE	William Kindervater Augusta A. Wahl  190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
be ret	5	Patrick L. Donovan 516 Fairmount Avenue Towson, MD 21286
6 may stor, pa		20e. METHOD OF DISPOSITION  1
TIN h. Pag eral dir niner		21. SIGNATURE OF FUNERAL SERVICE LIGHNSEE AND ADDRESS OF FACILITY Cremation Society of Md., Inc.
9 = 8		George E. MacNabb 299 Frederick Rd. Balto., MD 21228
filled in or he me		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CERBROVASCULAR ACCOBNT  MW745
760, ed within omplete al, crems event,		DUE TO (OR AS A CONSEQUENCE OF):
BOX 6871 cate be executed hysician and con prior to burial, or traumatic en	ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING
P.O. B th certificate ending physical I Hygiene pr or other t	CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST
		PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
ORI that the ed by th and	MEDICAL	CABCADDER  PERFORMED?  1 YES 2 NO  PERFORMED?  COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
~ 0	AN: A	
F VITAL SICIAN: The law certificate has b the State Dept. , or item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO
OF PHYSIC this cer with th	BY PHY	27. MANNER OF DEATH  10 Natural 5 Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pe
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar		3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)
로 작 전 ==	COMPLETED	29e. CERTIFIER (Check only one)  10  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.  MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.
TO THE HOSP! TO THE FUNER be filed within IMPORTANT.	H	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Your)  19c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Your)
(3)	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
		APR 0 8 1994  32. RESISTRAN'S SIGNATURE  APR 0 8 1994



DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.	be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ge 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e notified at once.

	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENTIS HAME (First, MICHIGAGE) B. DENNIS  2. DATE OF DEATH AND THE DAY GO BP M  3. TIME OF DEATH AND THE DAY GO BP M												
	4. SOCIAL SECURITY HUMBER 218-18-1566  5. SEX 1 MoNTHS DAYS HOURS MIN. 218-18-2566  5. SEX 1 MONTHS DAYS HOURS MIN. 218-18-2566  6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 01-29-23 MARY LAND												
OR	So. FACILITY HAME (If not institution, give stepes and number)  SINCE I HOSDITAL of Baltwage Baltwage Baltwage Daltwage Daltwage Daltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage Baltwage												
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND  10c. CITY, TOWN OR LOCATION  BALTIMORE  10d. IHSIDE CITY  VLIMITS?  1 Ves. 2 D HO												
	MARYLAND  109. STREET AND NUMBER  4014 PENNHURST AVENUE  109. CITIZEH OF WHAT COUNTRY?  21205  UNITED STATES												
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)  14. RACE — American Indien, Black, White, etc.												
ED BY	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 15th KIND OF RUSINESS/HIDLISTRY												
COMPLETED	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use relied.]  [Give kind of work done during most of working life. Do NOT use relied.]  PRESSER  n/a												
l w i	17. FATHER'S HAME (First, Middle, Last) CHARLES HALL  18. MOTHER'S HAME (First, Middle, Meiden Surreme) ELIZABETH THOMAS												
TO B	196. INFORMANT'S NAME (Type/Print)  MYRA LEE STURGIS  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)  330 E. 27 TH STREET, BALTIMORE, MD # 18												
	20s. METHOD OF DISPOSITION 1 Description 3 Removal from State 4 Donatton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of complete). Cremation, or other place)  NATIONAL 04-12 BALTIMORE, MD												
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE  WM. C. MARCH FH 1101 E. NORTH AV												
	23. PART I. Enter the diseases, or complications that sused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d												
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Performed?  1 Yes 2 No  246. WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO  COMPLETION OF CAUSE  OF DEATH?  1 YES 2 NO												
PHYSICIAN:	25. WAS CASE REFERRED DO MEDICAL  EXAMINER?  1 YES 2 NO  1 Input ent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
	27. MANNER F DEATH  28e. DATE OF IHJURY (Month, Day, Year)  (Month, Day, Year)  27. MANNER F DEATH  28d. DATE OF IHJURY (Month, Day, Year)  1. Deadles												
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide Could not be determined												
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated.												
TO BE CO	296. SIGNATURE AND TITLE OR CERTIFIER  29d. DATE SIGNED (Morith, Day Moer)  4 G C C C C C C C C C C C C C C C C C C												
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE FILED (Name) Dayway)												
	APK U & 1994												

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FOR STATE REGISTRAR

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VISION	

	REGISTRAR	RYLAND / DEPAR CERTIF	ICATE OF			GIENE 3. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)  Armando Jesus Felix 4. SOCIAL SECURITY NUMBER 5. SEX 6.		2. DATE OF DEA	YEAR 3. TIME OF DEATH							
	565-42-1975  9e. FACILITY NAME (If not institution, give street and number)	AGE (In yrs. last birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIR (Month, Dev.) 05/12	BIRTHPLACE (Steen or Form Country)					
ECTOR	Stella Maris Hospice Towson Baltimor										
BIO	Maryland Baltimore	10c. CIT	Y, TOWN OR LOCAT	Spark	s		10d. INSIDE CITY LIMITS? 1 YES 2 N				
FUNERAL	76 Far Corners Loop		101	2115	2	10g. CITIZE	USA				
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EV FORCES? 1 Married  15. YES, GIVE WAR (	YES 2 NO	If yes, sp		NIC ORIGIN? (Spectar, Puarto Rican, s	tc.)	4. RACE — American Indien, Black, Whita, stc. Specify: Hispani				
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Coffege (1-4 or 5+)	(Give kind of a	USUAL OCCUPATION work done during mose retired.)	st of working		estaura	STRY				
E COMPLI	17. FATHER'S NAME (First, Middle, Last)  Jesus Felix	Execu	ILIVE O		AME (First, Middle, A	faiden Surname)					
TO B	Nancy A. Felix		ADDRESS (Street a		p Spa	or Town, State, Zip C rks, MI	21152				
	20a. METHOD DE DISPOSITION 1 General 2 Comment of 3 Removal from State 4 Donatton 5 Other (Specify)	20b. PLACE AND DATE	emator	y, Inc.	04/06		re, MD212				
	21. SIGNATURE OF FUNERAL BERVICE LIGHNSEE  George E. MacNabb  22. NAME AND ADDRESS OF EACILITY Cremation Society of Md., Inc. 299 Frederick Rd. Balto., MD 21228										
HTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CE	PART II. Other algnificant conditions contributing to des	th but not resulting	in the underlying	g cause given in	P	AS AN AUTOPSY ERFORMED? (ES 2 NO	24b. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION DE CAL OF DEATH?  1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpettent 2 R	/Outpatient 3 DOA	OTHER:	ACE OF DEATH (C	(Check only one)  Ica 6 (Xother (Specify) Hospice						
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 21 Accident Investigation	URY AT PRK? /ES 2 NO	28d. DESCRIBE HOW INJURY OCCURED								
0	3 Suicide 8 Could not be datarmined 28s. PLACE OF IN. building, atc.	28f. LOCATION ( City or Town,	LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETE	29a. CERTIFYING PHYSICIAN: To the best of my (Check only one)  2 MEDICAL EXAMINER: On the basis of examiners.										
TO BE C		ueins		DASTO	MBER 43	29d. DATE	SIGNED (Month, Day, Year)				
		2300 Dulan		y Road,	Towson,	Marylan	d 21204				
	APR 0 8 1994 32. FGISTRAR'S APR 0 8 1994	SIGNATURE CONTRACTOR									

AN VITE

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-710 4/14/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	MONTH DAY YEAR										TIME OF DEATI	
н	DECARLOS	FERGUSON				APRIL 4				1:45		
	4. SOCIAL SECURITY NUMBER 218 - 78 - 9224	S. SEX	8. AGE (In yrs. 26	vRS.	IF UNDER 1 YE	AR IF U	JNDER 24 HRS. JRS MIN.	7. DATE (	Day, Vear)	67	Country)	ACE (State or For RYLAND
TOR	9a. FACILITY NAME (If not institution, give etreet end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH											
DIRECTOR	10e. STATE 10b. COU	NTY		10c, CITY	Y, TOWN OR L			8				d. INSIDE CITY LIMITS?
	MD 10e. STREET AND NUMBER	N/A		B	ALTIMO	101. ZIP	CODE			T 40- 0/7/2		YES 2 1
FUNERAL	2451 BARCLAY S	TREET				11.7	21218	Z.	à l		S.A.	
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMEO NO	If yo	s, specify (	ENT OF HISPAN Cuben, Mexica NO Specify	n, Puerto R	? (Specify Ye lican, etc.)	e or No—	14. RACE — Black, W Specify: BLA	American India
COMPLETED	15. OECEDENT'S E (Specify only highest gring Elementary/Secondary (0-12)	EDUCATION ade completed)  College (1-4 or 5 -		DECEDENT'S (Give kind of wille. Do NOT us	USUAL OCCU work done durin se retired.)	PATION og most of w	working	16b.	KINO OF BU	SINESS/INDE	_	
BE COM	17. FATHER'S NAME (First, Middle, Last) GEORGE FERGUSO			2.7.1.			MOTHER'S NA		liddle, Meider			
TO B	190. INFORMANT'S NAME (Type/Print) DEROTHA SPINNER	\ \		2451	ADDRESS (St. BARCLA	Y ST	mber or Rural F	Poute Numb	er, City or Tov	vn, State, Zip 1 21218	Code)	
ı.	26a METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 R 4 Donation 6 Other (Specify)	emoval from State	20b. PLAC	EAND DATE	OF DISPOSITIO	N (Name of	PARK	0 4 -		ANDAI		State OWN, N
	23. PART I. Enter the diseasea, o	or complications tha	t caused the	deeth. Do n	WM.	C.MA	RCH F.	H./1	IOI E.	NOR'I	H AVE	Approxima
7	23. PART I. Enter the diseases, a shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DROWNING	use on each il	ne. NED WIT	TH ACUTE	mode of	f dying, auc	h as card	lac or resp	NOR'I	H AVE	Approxima
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, 1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, PAUL	Middle, Last)		FUI	LCHEF	?				2. DATE OF MONTH	DEATH DA		year 94	3. TIME OF DEATH  10:20 A M
		4. SOCIAL SECURITY NUME	5. SEX	***************************************		IF UNDER	24 HRS,	7. DATE OF	BIRTH			IPLACE (State or Foreign			
pinc		9s. FACILITY NAME (If not in	etitution also e	1 M 2 F	57	YRS.			OR LOCATION		2 - 1 4	-37			
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s 1, 2,	ן בַל	RESIDENCE OF DEC	EDENT		LI.IV.	40- 00				, C,I	11				
- Page	DIRECTOR	Maryland		cester	Со		y, town o cean								10d. INSIDE CITY LIMITS? 1 YES 2 NO
it permit	FUNERAL	100. STREET AND NUMBER 1210 Phil	2461	phia Arr	0 #12				. ZIP CODI				10g. CITIZ	ZEN OF V	VHAT COUNTRY?
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ours after death. Page 6 may be retained by d in by the funeral director, page 5 should be or removal. medical examiner must be notified at	TO B	OCME	ype/Print)			19b. MAILING	ADDRESS	(Street e	and Number	r or Aural i	Route Number,	City or Town	n, State, Zip	Code)	
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death. Page tuneral din I. examiner		21 SIGNATURE OF FUNEAA	L SERVICE LIC		ild Wa		i.r 22.1	IAME AP	ND ADDRE	SS OF FA	CILITY	tate	Ant	omv	Board
fer death. P the funeral loval.		655W.BaltimoreSt,Balto,MD21201													
ety fille ration,		23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, shock, or haert failure. List pnly one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):													
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L OR ATTENDING P DIRECTOR; After the hours after death the 28 is mark	ETED E	3 Suicide 6	Could not be determined	28a. PLACE ( building,	OF INJURY — At , etc. (Specify)	home, ferm,	street, tecto	ry, offic	a			ON (Street a fown, State)	and Number	or Rural F	Route Number,
4 4 5 5	COMPLE	anal .		CIAN: To the best of a											) and manner as stated.
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT: I	BE	29b. SIGNATURE AND TITLE	U	Kend	. A. l	D .				ENSE NUN					(Month, Day, Year) 28,1994
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ours after death. Page 6 may be retained by the hospital or attending ph.	to completely med in by the funeral director, page 5 should be detached for use as the but risk compation, or removal	ic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed and the hospital or attending physician.	TO TAR FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completing med in by the funeral director, page 5 should be detached for use as the burial-transit pental fill such and the sign such and the state has a such and Mental Honore note to burial compation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	L.R.B.								94		U36U		
	1 - STATE REGISTRAR	STATE OF R	/ MARYLAND / CE	DEPART ERTIFI	TMENT CATE	OF HEALTH AND	MENTA	L HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH		
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	213-76-8628	5. SEX 1 💢 M 2 🗌 F	8. AGE (In yrs. les	77	IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE	OF BIRTH h, Day, Year) -10-1			Md		
OR	98. FACILITY NAME (If not institution, give street 1900 BLK OF RET		ST.			town on Location of Ltimore C			9c. COUN	TY OF DE	АТН		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  Md			10c. CITY		R LOCATION					10d. INSIDE CITY LIMITS?		
FUNERAL (	10e. STREET AND NUMBER	Avenue		1 001	00	101. ZIP CODE 21215			10g. CITIZ		HAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 4 Divorced		T EVER IN U.S. AR YES 2 X P		1	MAS DECENDENT OF HISP 1 yea, apecify Cuben, Mexi YES 2 X NO Spe	ican, Puerto	Y? (Specify Yi Rican, atc.)		14. RACE	American Indian, White, atc.		
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COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	iifa.	Do NOT use	retired.)	Teacher							
BE CON	17. FATHER'S NAME (First, Middle, Last) Henry Gladden					Alice	M. G	Middle, Meide irant	n Surname)				
TO B	19e. INFORMANT'S NAME (Type/Print) Alice(Gant) Grant 19b. MAILING ADDRESS (Street and Number or Flural Flourie Number, City or Town, State, Zip Code) 5311 Cordelia Avenue Balto, Md 21215												
	20e, METHOD OF DISPOSITION  XX Burlel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of DATE Crematory or other place)												
	A Donation 5 Other (Specify)  King Memorial Park 4994 Randallstown, Md  21. Signature of Funefal Service Licensee  Warch F/H West  4300 Wabash Avenue Balto, Md 21215												
	23. PART i. Enter the diseases, or co	mplicationa the	it caused tha de	eath. Do no	ot antar	SUU WAD AS II the mode of dying, se	L AVER	ue Ba	piratory arre	est,	Approximate		
	shock, pr heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition MITTELD F. CUNCHOE MOUNDS												
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ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUSE (Disease Dr Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
0	PART II. Other significant conditions	contributing to	death but not i	resulting is	n the un	darlying cause given	in Part i.		N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
MEDICA								1X YES	2 NO		COMPLETION OF CAUSE OF DEATH?  1 (X YES 2   NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  MORRITAL  MORRITAL  MORRITAL												
YSI	1 TYES 2 NO	HOSPITAL:	ER/Outpetient 3		OTHER 4 Num	t: sing Home 5 □ Residenc	e 6 □\pth	or (Specify) (	ON ST	REE'	Γ.		
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK?						1. DESCRIBE HOW INJURY OCCURED SUBJECT SHOT.					
Ca	3 Suicide 8 Could not be 4 Homicide detarmined	building,	etc. (Specify)				City	M. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	4 M Homicide  detarmined  1900 BLK OF RETREAT ST.  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
COMPLET	(Check only one)  1 CERTIFYING PHYSICI ONE)  2 MEDICAL EXAMINER										and manner as stated.		

111 Penn Street, Baltimore, Maryland 21201.

Theodore King M.D.

31. DATE FILED (MOOTH), Day, Year)

APR 08 1994

32. Rg

32. REGISTRAR'S SIGNATURE
Julia Baydson

DHMH-15 Rev 1/89

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	i.	
		1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF OEATH MONTH D	AY YEA	3. TIME OF OEATH
		WILLIAM J  4. SOCIAL SECURITY NUMBER		LLIGAN		04 07		
2	OR	009-42-4057	1X M 2 □ F	73 vrs. lest birthday)	MONTHS DAYS HOURS MIN.	7. OATE OF BIRTH 08-30-1	.920 NE	IRTHPLACE (State or Foreign EW) YORK
physician. buriat-transit permit. Pages 1, 2, 3 should		9a. FACILITY NAME (If not institution, give s NORTH ARUNDEL			96. CITY, TOWN OR LOCATION OF CO	DEATH	ac. COUNTY C	ARUNDEL
	RECTOR	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	1	10c CIT	Y, TOWN OR LOCATION			10d, INSIDE CITY
	BY FUNERAL DIRI		NE ARUNDEL		EN BURNIE			1 YES X NO
in. ansit per		209 FIRST AVEN	UE, S.W.		101. ZIP COOE 21061		U.S.	OF WHAT COUNTRY?
ending physician as the burial-tra		11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2X X10	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic  1 YES X NO Specify	en, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
atten se as		15. OECEDENT'S EOU (Specify only highest grade		18s. DECEOENT'S	USUAL OCCUPATION work done during most of working	16b. KINO OF BU	SINESS/INOUSTR	iY
the hospital or atti detached for use once.	TO BE COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +) 6	life. Do NOT us	NISTRATION	MD. GE	NERAL	HOSPITAL
d by the hord be detached at once.		17. FATHER'S NAME (First, Middle, Last) CORNELIUS P. G	ILLIGAN		MARY	AME (First, Middle, Maiden	Surname) HIGGIN	NS
after death. Page 6 may be retained by the hospital or attending by the funeral director, page 5 should be detached for use as the innoval.  Ical examiner must be notified at once.		198. INFORMANT'S NAME (Type/Print) JEAN F. GILLIO	AN	19b. MAILING 209	FIRST AVENUE	Route Sumbar City of Gr	EN BUT	RNIE, MD
		20s, METHOD OF OISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)			OF DISPOSITION (Name of MEMORIAL		CATION — City of	GE, MD.
		21. SIGNATURE OF FUNERAL SECURIO CO	ENSEE		22. NAME AND ADDRESS OF FA	ENUE, S.W	TON FULL	UNERAL HOME N BURNIE, MD 21061
ed within cours ompletely filled in d. cremation. or re event, the med		23. PART I. Enter the disease, or cannot be about, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)	a. Due to lor As A	I the deeth. Do rech line.  MMM(  CONSEQUENCE O	not enter the mode of dying, suc	ch es cerdisc or reep	ratory srrest,	Approximate Intervel Between Onservand Desth
th certificate be execu- ending physician and Il Hygiene prior to bur or other traumation	ERTIFICATION	Sequentially list conditiona, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF				15 years
the att Ments Mury,	O	PART II. Other significent condition	a contributing to death be	ut not resulting	in the underlying cause given in	Part I. 24a. WAS AN	AUTOPSV	24b: WERE AUTOPSY FINDINGS
न वर्षे न	EDICAL					PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
law requires is been sign ept. of Heal 23 shows	AN: M							1 TES 2 HO
V: The law cate has t State Dept Item 23	SICIA	25. WAS CASE REFERRIED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C/	heck only one)		
certific the S	>- II	1 VES 2 2. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outp  28s. DATE OF INJURY		4 Nursing Homs 5 Residence			
frer this cleath with marked,	ву Рн	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 YES 2 NO	28d. OEŞÇRIBE HOW I	NJURY OCCURE	0
TTEND TOR: A after d 28 is	ETED	3 Suicide 8 Could not be 4 Homicide datemented	28s. PLACE OF INJURY building, etc. (Spec	— At home, larm, :	street, factory, offica	28t, LOCATION (Street a City or Town, State)		ral Route Number,
HOSPITAL OR A FUNERAL DIREC WITHIN 72 HOURS	COMPLI				ed at the time, data and placs, and due on, in my opinion, death occured at the			se(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 I	핆	200. SIGNATURE MICHTER DE CERTIFIES	1		29c. LICENSE NU		29d. OATE SIG	De (Nogriy One Your)
	5	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CUSE OF DEA	ATH (ITEM 27) /3pm	Printl		1	(
		APR 0 8 1994	BEGISTRAR'S, SIGN	ATURE				

BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

e executed within Jours after death. Page 6 may be retained by the hospital or attending	an and completely filled in by the funeral director, page 5 should be detached for use as the burial, cremation, or removal.	umatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hospital or attending physician.	IHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIF	ICATE O	FDEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) D Gwntnes	~			2. DATE OF D	DEATH DAY	94 YEAR	3. TIME OF DEATH 1:50 A M	
	213-88-7288 1 ⋈ M 2 □ F 4±	31 YRS.	F UNDER 1 YEAR MONTHS DAYS		7. DATE OF B (Month, Day March	21, 1963	a. BIRT	THPLACE (State or Foreign ntry) ryland	
OR	Northeast Hospital Center			or location of de 1stown		9c. C	OUNTY OF	ore County	
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  Maryland  Baltimore County		, TOWN OR LOC			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	Ow	Owings Mills 101. ZIP CODE				1 YES 2 NO		
FUNERAL	Rosewood Lane  11. MARITAL STATUS  12. WAS DECEDENT EVER IN	U.S. ARMED	21117  ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Spo					CE — American Indian,	
BY	The Never Married 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes,	specify Cuben, Mexical ES 2 X NO Specify	n, Puerto Rican	, etc.)	Bia	ick, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPA vork done during se retired.)	TION nost of working	16b. KINI	D OF BUSINESS	INDUSTRY		
MPL	N/A	N/A			N/A				
00	17. FATHER'S NAME (First, Middle, Last) Urban O. Guntner			Mary El					
TO BE	190. INFORMANT'S NAME (Type/Print) Urban O. Guntner	19b. MAILING 1855	ADDRESS (Street	od Road, E	Poute Number, C	City or Town, State,	Zip Code)	d 21234	
	20e. METHOD OF DISPOSITION  15. Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of the place)  4 Donation 5 Other (Specify)  20c. LOCATION — City or Town, S  capacity or other place)  4/9 Baltimore, Mar								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	alex	John	C. Miller Belair Ro	. Inc.	ltimore	e Ma	ryland 21206	
	Total III activity	the death. Do not line.	ot enter the n	node of dying, auci	h ae cardiac	or reapiratory	erreat,	Approximate interval Between Onset and Death	
CERTIFICATION	A tim								
CER	resulting in deeth) LAST								
DICAL	PART II. Other algorificent conditions contributing to death be		n the underly	the underlying ceuse given in Part I.				NAME AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	Sejune disorder Mental retardet	j`m			_   '	YES 2 NO		OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Che	eck only one)				
HYSIC	EXAMINER?  1 YES 2 000  27. MANNER OF DEATH  28. DATE OF INJURY	ntient 3 DOA		ome 5 Residence		ecity) BE HOW INJURY	OCCUPED		
ВУ	1 Natural 5 Pending (Month, Day, Year) 1 Accident Investigation	INJ	M 1	NJURY AT YORK? YES 2 NO				/ South Number	
TED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, atc. (Special Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the Country of the	ify)	street, factory, or		City or To	N (Street and Num wn, State)	toer or nursi	rioute number,	
COMPLETED	29e. CERTIFIER (Check only one)  1							e(e) end menner ee stated.	
TO BE C		HOUSE		D-40	-	29d. (	DATE SIGNE	ED (Month, Day, Year)	
1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	LEST OF	of co	urt lo	ad	Rand	01/3/	1133	
	31. DATE FILED (Month, Day, 1801) APR 08 1994  Julia Lavidson	ATURE And M							

		1. DECEDENT'S NAME (First, Middle, Leas)  Charles	Dorsev	Hobbs			2. DATE OF DEA MONTH April	5, 1994	3. TIME OF DEATH 5 P.	
3		4. SOCIAL SECURITY NUMBER 213 16 6239	1-M 2 □ F	E (In yrs. last birthday) 88 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Morith, Day, Ye 9/8/19	nar) C	MATHPLACE (State or Foreign Country) Maryland	
. 2, 3 should	ECTOR	99. FACILITY NAME (If not institution, give a Sykesville Elder			96. CITY, TOWN Sykesv	ille	EATH	9c. COUNTY Carrol		
it. Pages 1,	ERAL DIR	10e. STATE 10b. COUNT Md.	Carroll		ry, town on Loc ykesvill		er		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
n. ansit permit.		# 7720 Gaither Road 21784							OF WHAT COUNTRY?	
Z 15-UUZU attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	2 ⊠NO If yes, specify Cuben, Mex				RACE — American Indian, Black, White, etc. Specify: White	
. 6 .	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT L				F BUSINESS/INDUST		
YLAND by the hospital be detached for at once.	TO BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Dorsey	Hobbs	Dai	ryman	18. MOTHER'S NA	ME (First, Middle, M		ind	
be retained ge 5 should e notified		10s. INFORMANT'S NAME (Strategy)								
e 6 may ector, pa		20a. METHOD OF DISPOSITION  1 Burlet 2 Cremetion 3 Ram  4 Donation 5 Other (Specify)	loval from State	Ob. PLACE AND DATE			OATE 20	De. LOCATION — City	or Town, State	
death. e funer al. exam		21. SIGNATURE OF FUNERAL SERVICE LIN	Haisht			BOX 195	Haigh	t Funeral lle, Md.		
to be executed with the fours after sician and completely filled in by the prior to burial, cremation, or remove traumatic event, the medical	CATION	23. PART I. Enter the diseases, or shock, of heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS	aach line.	vivila	L Jufan		reapiratory arrest,	Approximate Intervel Between Onset and Death	
the death certifically, the attending phy discounting the Mental Hygiene Injury, or other	CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	S A CONSEQUENCE (						
requires that seen signed by of Health and shows any	: MEDICAL	Multi In	1	entia	in the underlyii	ng ceuse given in	PE	AS AN AUTOPSY ERFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO	
12 6 8 g	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	PLACE OF OEATH (Ch		1 		
를 를 들	ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident investigation	28e. DATE OF INJUR (Month, Day, Year	i) in	M 1	IJURY AT ORK? YES 2 NO	20d. DESCRIBE I	NJURY OCCURE	D	
OR ATTENDING  OR ATTENDING  DIRECTOR; After hours after death  Item 28 is mai	ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJU- building, atc. (S)	RY — At home, ferm, pecify)	streel, factory, offi	ce	281, LOCATION (S City or Town,	Street and Number or R State)	ural Route Number,	
Z Z Z =	COMPL		ICIAN: To the best of my known.						use(e) end manner ex stated.	
TO THE HOSPI TO THE FUNEF De filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	may 3	M.D.		29c. LICENSE NUI		29d. DATE SIG	WED (Month, Day, Year)	
		30. NAME AND ADDRESS OF PERSON WE	voy mi)	759		GE AVE	SYKES	VILLE ME	21784	
\$		APR 08 1994	JULIA DEVI	an-Andell						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm	or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	with	mpletery fil	cremation
(687	executed	and cor	to burial,
BO)	fcate be	physiciar	Te prior
P.0.	ath certif	tending	al Hygiel
3DS,	the de	ny the at	nd Ment
COF	uires tha	signed t	Health a
LRE	law req	us peen	lept. of
<b>IITA</b>	W: The	ficate his	State D
OF	HYSICIA	this certi	with the
NO	VDING P	: After 1	death
IVIS	A ATTE	RECTOR	urs after
	0	0	P

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		Clay Hop					April 7	, 199		
	4. SOCIAL SECURITY NUMBER 212-42-6213	5. SEX 6	AGE (In yrs. les	· · ·	MONTHS DAYS	IF UNDER 24 HRS,	7. DATE OF BIRTH (Month, Day, Year) April 30,	1944	BIRTHPLACE (State or Foreign Country)     Maryland	
TOR	9a. FACILITY NAME (If not Institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  2208 Dulany Terrace  Westminster  Carroll Count									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  Maryland Carroll County Westminster 1 Ves 2X								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
NERAL	100. STREET AND NUMBER 2208 Dulany Terrace 101. ZIP CODE 109. CITIZEN OF WHAT CO 21157 U.S.A.									
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAR	EVER IN U.S. AR YES 2 11 FOR DATES	NO NO	If yes, s	CENDENT OF HISPAI Decity Cuban, Maxica 5 2 NO Specif	NIC ORIGIN? (Specify Ye in, Puerto Rican, atc.) y:	e or No—	14. RACE — American Indian, Black, White, etc. Specify: White	
IPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(G life.	ive kind of w Do NOT use	usual occupation of done during more retired.)	ost of working	16b. KIND OF BU	siness/indu		
BE COMPL		Hopkins, S	Sr.			18. MOTHER'S NA	ME (First, Middle, Meiden h Margaret	Sumame)		
10	Mrs. Jo Anne V.	Hopkins	2	208 [	Oulany 7	Perrace W	Route Number, City or Tow lestminster	, MD	21157	
	20s. METHOD OF DISPOSITION  1 CYBurlel 2 Cremetion 3 Remove from Stats  4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  20s. PLACE AND DATE OF DISPOSITION (Name of cempetery, cremetory profiber place)  Highlandview Cemetery 4/11/94 Sykesville, Maryland									
	· Brian	A. Her	ght		Syl	esville,	MD 21784	(410)	-795-1400	
2	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)	a. Acu	o on each line	ly.	mpf	ocytle		Ker	st, Approximate Interval Betwood Onset and D	
CERTIFICATION	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	a chr	R AS A CONSEC	2 4	ina	l jar	lune		year year	
MEDICAL C	PART II. Other significent condition	one contributing to de	lite	resulting in	n the underlying	g ceuse given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (Ch	eck only one)			
Y PHYSICIAN	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpatient 2 E	JURY	28b. TIME	4 Nursing Hor OF 28c. IN URY	JURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	3 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED		
ETED BY	2 Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident A	26e. PLACE OF I building, atd	NJURY — At ho c. (Specify)	ome, ferm, st	treet, factory, offic	:•	28f. LOCATION (Street City or Town, State	ret end Number or Rural Route Number, ate)		
COMPLI	onel	SICIAN: To the best of m							d. ceuse(e) end manner ee state	
TO BE	296. SIGNATURE AND TITLE OF CERTIFI	THO COMPLETED CAUSE	OF DEATH (ITE	M2h (Type,	Print)	D 14	992 1111	1	SIGNED (Month, Day, Year)	
	31. DATE FILED (Month, Day, Year). APR 08 1994	NOH	1-6	17	6/T	140	14 //	MOS	5012 217	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bundal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

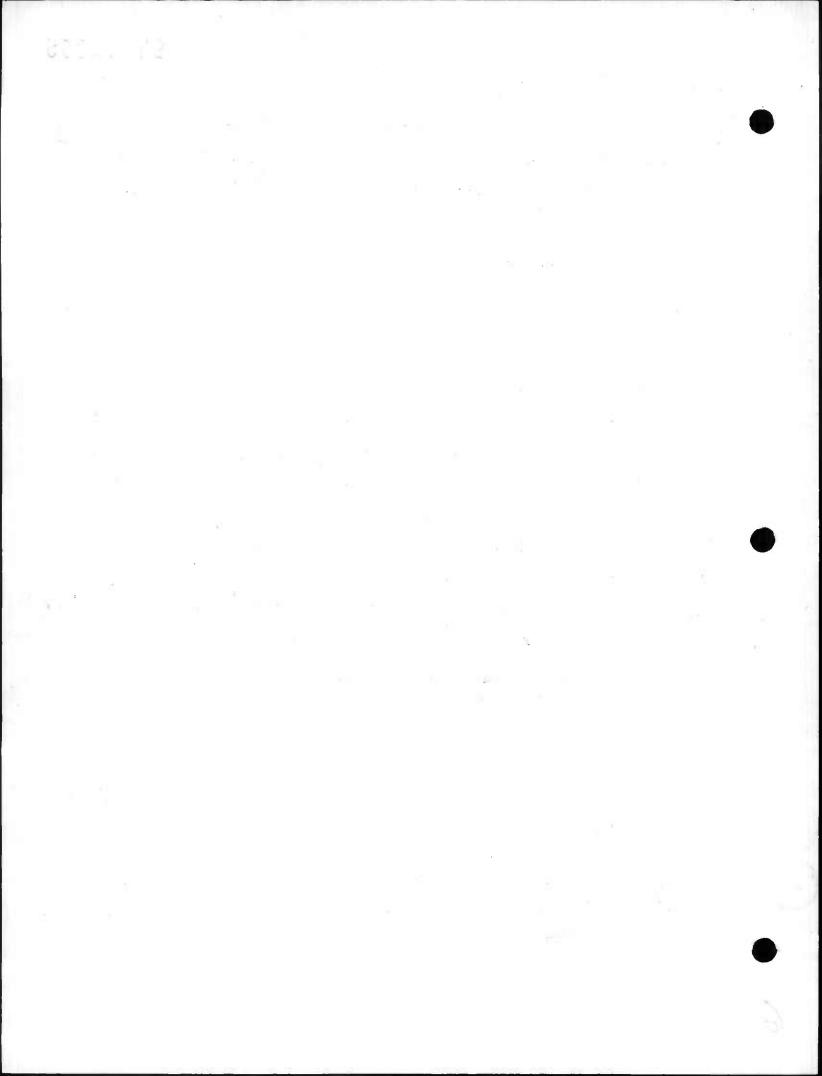
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)						U LA		2. DATE OF DEATH	J		3. TIME OF DEATH
	AR	GLE	LEE	HA	ANN	A :				MONTH 4	DAY	94	530 M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. la	at birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH		6. BIRTH	IPLACE (State or Foreign
	233-72-5510		1X M 2 - F	48	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.16,	1945	Wes	tVirginia
	9a. FACILITY NAME (If not in		9b. CITY	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					PEATH				
힏	Fallsto			Fa	11st	on		H	arfo	rd			
E C	RESIDENCE OF DEC	10b. COUNTY			10c, CIT	Y, TOWN (	OR LOCAT	ION					10d. INSIDE CITY
DIRECTOR	Md.	C	cecil			C	ono	wing	JO				LIMITS?
AL	10e. STREET AND NUMBER						101	. ZIP CODI	E		10g. CIT	TIZEN OF V	WHAT COUNTRY?
FUNERAL	6 Woo	odside	Court					2	2191	8		USA	
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — Ame If yes, specify Cuban, Maxican, Puarto Rican, stc.) Black, Whita,					E — American Indian, k, Whita, atc.		
ВУ	1 Never Married 2 3 Divo		IF YES, GIVE V		.,,				Specify			Speci	lfy:
ED	15. DEC	EDENT'S EDUCA	ATION	18a D	ECEDENT'S	I I SUAL O	CCUPATIO			16b. KIND OF B	ICINECO (IN	DUIGTEN	White
		y highest grade c		(0	live kind of Do NOT u	work done	during mo	st of working	ng	100. KIND OF B	DSIME 35/IM	DUSTRY	
7	12th	r (2)	College (1-4 or 5	,	Ins	spec	tor			Ger	nera	1 Mo	tors
COMPLET	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTI	HER'S NAM	E (First, Middle, Maide	n Sumame)		
BE (	Irvin	Hanna						I	i111	ie Ri	ffle		
2	19a. INFORMANT'S NAME (7	ype/Print)		19	b. MAILING	ADDRESS	S (Street a	nd Number	or Rural Ro	oute Number, City or To	wn, State, Zi	ip Code)	
-	Ruthann		a		6 W	ods	ide	Cou	irt (	Conowing			
	20a. METHOD OF DISPOSITE 1 □>Purial 2 □ Crematio	n 3 🗆 Ramov	rel from State	20b. PLACE cametery, cr	ematory or o	ther place)	- '			1	OCATION -		
4 Donation 5 Other (Specify) Holly Hill Cemetery 4/7/94 Balitmore Me									Md.				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Connelly: Funeral Home of Esse								SSAY					
	R. 1-	erry	( lon	nell	4	3	00 1	Mace	ATT	a. Ralt	more	e MD	
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. See only one cause on each line.												
IMMEDIATE CAUSE (Final									Onset and Death				
	disease or condition reaulting in desth)	<b>→</b> a:	Dqua	mous	cel	YO	and	ero	10	he Kung	, un	ope	able
	disease or condition reaulting in desth)  a Squamous cell Cancer of the lung, inoperable  Due to (or as a consequence of):												
O	Sequentially list conditions, If any, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYI CAUSE (Disease or Inju	NG	more	raple	, 1	ta	tus	MA	tr	adiate	in Z	hora	y y Lent 8-
E	that initiated eventa resulting in death) LAS		O DUE TO	(OR AS A CONSE	OUENCE O	F):		1	2	-			
H	resulting in death) LAS	ر ا	Sever	e Cac	hex	ia -	- <i>}</i>	nat	and	retien			
- 1	PART II. Other ignifica	nt conditions	contributing to	death but not	reaulting	in the un	derlying	cauae ç	lven in P	Part I. 24s. WAS A	N AUTOPSY	24b	WERE AUTOPSY FINDINGS
EDICAL	Csos	dage	al m	nch	ue,	A	we	u c	chies	uc 1 PERFO	RMED3		AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	obsh	uctive	jul	many	de	iear	2				1		OF DEATH?  1 YES 2 NO
			0	0									
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	_	HOSPITAL:			OTHER		ACE OF D	EATH (Chec	ck only one)			
YSI	1 - YES 2 X10		1 L opatiant 2	ER/Outpstlant	□ DOA	OTHER 4 Num		e 5 🗆 Ra	sidenca 6	☐ Other (Specify)			
	27. MANNER OF DEATH  1 Letural 5	Pending	26a. DATE OF (Month, D		28b. TIM	IE OF		RK?		26d. DESCRIBE HOW	INJURY OC	CURED	
BY	2 Accident	Investigation	28- 01 405 0	E IN HIEW AA A	4	M		/ES 2 [	-				
8		Could not be datarminad	building,	F INJURY — At he atc. (Specify)	ome, 78m,	street, sect	ory, offici			261. LOCATION (Stree City or Town, Stat		r or Rural F	Route Number,
	29a. CERTIFIER							-					
COMPLET	Ame)									o the cause(a) and m			) and manner as stated.
- 11	296. SIGNATURE AND TITLE		-0			, iii iiiy 0	7						
B	allreis.	8. C	. In	u. uc	0			MI	NSE NUME	5/8779	29d. DAT	L SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF Albert S.	C. SL	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	Print)	ـــــــــــــــــــــــــــــــــــــ	rd	Rd.	Fallst	ou 1	17	21047
	31. DATE FILED (Month, Day, APR 0			B'S SIGNATURE	300	- / -	4, 1	,	1 = -/	, 5,.5,	//	رك.	
	APRU	0 1334	of the same	- Marie	week!								



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be new within 72 notes after death with the State Opp. Of negative and mygeting prior to build, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

296. SIGNATURE AND TITLE OF CERTIFIER

APR 0 8 1994

31. DATE FILED (Month, Day, Year)

D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A REGISTRAN'S GIGH

OVINGTON

BE 9

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Gordon Conrad Hamer 2. DATE OF DEATH 3. TIME OF DEATH YEAR 20 00 don 4 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, You IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 5206 DAYS HOURS Country) 1 M 2 - F 2-4-Balto Md 9e. FACILITY NAME (If not institution, give street 1601 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR E. Beheder 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Baltimore YES 2 NO FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? Belvedere 13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yee or No— 651 USA 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ri 1 Never Married 2 Merried ВУ 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Draftsman Locke Insulator 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme, alentine HAMER alverta BE Diags 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Α. Zehfuss Lois 2900 Ridge Road Randallstown, Md. Pe 20e. METNDD OF DISPOSITION

1 X Burial 2 Cremsion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Parkwood Cenetery 4/9/94 4 Donation 5 Other (Specify) Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, T. Zavoyna Mark Market Inc. Lawy 5305 Harford Road Baltimore, medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heert fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) event, DUE TO (OR AS A CONSEDUENCE DE traumatic CERTIFICATION 1 Sequentially list conditions, DUE TO (OR AS A CONSEDUE CE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 - Residence 8 - Other (Specify) 1 TES 2 ND 1 Inpetient 2 ER/Outpetient 3 DOA 28e. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as atsted. 2 MEDICAL EXAMINER: On the basis of examination end/or/investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

1900 EasT

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 . STATE

	REGISTRAR		CERTIF	ICATE (	OF DEATH	REG. NO	),		
	1. DECEDENT'S NAME (First, Middle, Last) ERMA BETH		HOLLAND 2.			2. DATE OF DEATH	2. DATE OF DEATH 04 08 1994 6:30 AM		
		6. AGE (N	yrs. lest birthday)	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH  (Month, Day Year)  0 7 - 20 - 1	940	BIRTHPLACE (State or Foreign Country) TEXAS	
OB	9a. FACILITY NAME (If not institution, give stree 207 WICKLOW AVI		96. CITY, TO:	WN OR LOCATION OF DI	EATH	9c. COUNTY	· A ·		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY MARYLAND ANNI	E ARUNDEL		Y, TOWN OR LO	OCATION BURNIE			10d. INSIDE CITY LIMITS? 1  YES 2 NO	
ERAL	10a. STREET AND NUMBER 207 WICKLOW AVI	ENUE		101. ZIP CODE 109. CITIZEN OF WHAT COUNTY U.S.A.					
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	XXNO	If yes	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 VES 2 NO Specify:  14. RACE — American Indien, Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) 12	College (1-4 or 5+)	(Give kind of v life. Do NOT us	vork done durin e retired.)	SUAL OCCUPATION of done during most of working refired.)  C INSTRUCTOR  166. KIND OF BUSINESS/INDUSTRY  JACKIE SORENSON STUDIO				
BE CON	17. FATHER'S NAME (First, Middle, Last) WALTER EDMUND I	PARKS, SR.			18. MOTHER'S NA JOHNE	ME (First Middle Maiden LLEN REN	FRO'		
TO B	190. INFORMANT'S NAME (Type/Print)  MARK L. HOLLANI	D	196. MAILING 207	ADDRESS (Str WICKL	OW AVENU	Route Number, City or Tov	m, Stete, Zip Co BURNI	E, MD. 21061	
	20e. METHOD OF DISPOSITION  1	HI	PLACE AND DATE OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE	ŠERVI	CES	4612 T	OWSON	y or Town, State  , MARYLAND  PLINED A L. HOMB	
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNE  1 SECOND AVENUE, S.W., GLEN 21061								
	23. PART I. Enter the diseases, or con shock, or heert feilure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	nplicatione thet caused at only one cause on as DUE TO (OR AS A	ch line.	4	4		iratory arras	t, Approximata Interval Between Onset and Daath	
CERTIFICATION	reaulting in death)  e. Cautaguman And Due TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
CEF	d								
MEDICAL	PART II. Other significent conditions of	contributing to deeth bu	it not resulting i	n the under	lying ceuse given in	Part i. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO	
AN	25. WAS CASE REFERRED TO MEDICAL		-	2	8. PLACE OF DEATH (Ch	eck only one)			
SIC	EXAMINER?	IOSPITAL:	tient 3 DOA	OTHER:	Home 5 Residence				
BY PHYSICIAN	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUI	RED	
	3 Suicida S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, a	street, factory,	offica	281. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	29a. CERTIFIER 1 DEERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER							couse(e) and manner se stated,	
TO BE C	296. SIGNATURE AND TUKE OF CERTIFIER	ner )			D33	WBER 477	29d. DATE S	RIGNED (Month, Day, Year)	
F	36. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)					
	31. DATE FILED (Month, Day, Year) APR 0 8 1994	702. REGISTRAN'S SIGNA	TURE			<u>.</u>			
	MEN UU IJJT	4.	1						

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be have the complete of Hash and Manal Hunlan prior to hard the complete of Hash and Manal Hunlan prior to hard the complete of Hash and Manal Hunlan prior to hard the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the	when it is not seen our manners over copy, or recent and injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this c	IMPORTANT: If Item 28 Is mark

	1 - FOR STATE REGISTRAR	TE OF MARYLAND	/ DEPARTM	ENT OF H	EALTH AND N	MENTAL HYGIEN	E			
	t. DECEDENT'S NAME (First, Middle, Last)  GRACE  V		HALE			2. DATE OF DEATH MONTH APT 70	1994 YEAR	3. TIME OF DEATH 11:12 am		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	"				8. BIRTH	IPLACE (State or Foreign		
	214-05-0451 1 A  9e. FACILITY NAME (If not institution, give street and	12 XF 78	YRS.					ryland		
DIRECTOR	Saint Joseph Hospital Towson, Maryland Baltimor									
<u> </u>	RESIDENCE OF DECEDENT         10e. STATE         10b. COUNTY         10c. CITY, TOWN OR LOCATION         10d.									
	Maryland Balts		Lu	thervil	lle		10d. INSIDE CITY LIMITS? t YES 2 X NO			
FUNERAL	3 Nightingale Way	-6	101. ZIP CODE 10g. CITIZEN OF W USA							
5	tt. MARITAL STATUS 12. WA	S DECEOENT EVER IN U.S.	ARMEO		ENDENT OF NISPANI	IC ORIGIN? (Specify Yes	or No- 14, RACE	- American Indian.		
B⊀		PCES? 1 TYES 2 X	Пио		2 NO Specify:		Speci	white, etc.  White		
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade complete	d)	DECEOENT'S USU (Give kind of work life. Do NOT use ret	done during mos		16b. KIND OF BUS	INESS/INDUSTRY			
APLE	Elementery/Secondary (0-12) Colleg	e (1-4 or 5+)	Floral		gner	F1ow	er Shor	,		
δ l	17. FATHER'S NAME (First, Middle, Last)					AE (First, Middle, Maiden				
BE (	Edward Knadl	ler				Nellie E	helps			
5	Stewart C. Hale		196. MAILING ADD			Cape Cor		33904		
	20e, METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from	20b. PLAC	E AND DATE OF DI	SPOSITION (Na	me of	OATE 20c, LO	CATION — City or To	-		
	4 Donation 5 Other (Specify) Metro Crematory, Inc. 04/08 Baltimore, MD21228									
	21. SIGNATURE OF TWINERAL SERVICE HICENSESS. 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc.									
	George E. Mac			299 F	rederic	k Rd. Ba	lto. MI	21228		
	23. PART i. Enter the diseases, or complice shock, or heert fellure. List only immediate CAUSE (Finel disease or condition resulting in deeth)	y one ceuse on sach li	ne.	enter the mo	de of dylng, auch	as cardisc or respi	ratory srrest,	Approximate interval Between Onset and Death 5-6DAY		
_	DUE TO (OR AS A CONSEQUENCE OF):  CARDIOGENIC SHOCK  5-6DAY									
01	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):									
2	cause. Enter UNDERLYING CAUSE (Disease or injury	NAL FAILURE						5-6DAY		
E	that initiated events	DUE TO (OR AS A CONSEQUENCE OF):  SCHEMIC BOWEL  5-8DAY								
CERTIFICATION	d 180	CHEMIC BOWE								
PHYSICIAN: MEDICAL	ARTERIOLOSCLEROT PERIPHERAL VASCULA	C CARDIOVAS			cause given in F	Part I. 24s. WAS AN PERFOR 1 TYES 2	MEO?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 _ YES 2 _ NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATN (Che	ck only one)				
Sic		PITAL: patient 2 - ER/Outpatient		HER:	5 - Reeldence					
ВУ РНУ	1 Netural 5 Pending	e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJI	JRY AT	28d. DESCRIBE HOW II	JURY OCCUREO			
	2 Decident	a. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, street	t, factory, office		281. LOCATION (Street e City or Town, Stete)	nd Number or Rural F	loute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the							) end manner on stated.		
H	29b. SIGNATURE AND TITLE OF CETTERER	m.D.		91	29c. LICENSE NUMI	BER	29d. DATE SIGNED	(Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO COMPLEDUARDO PLAYUG, N	D. 7620 YOR	K ROAD	BALTIM		204	04/0	1134		
		The second second								
	APR 0 8 1994  32. REGISTRAR'S SIGNATURE									

70		[213-05-3089   '\'\"\'\\	82 YRS.	
should		9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LOCATIO
60	Œ.	St. Elizabeth Home For N	ursing	Baltim
1, 2,	DIRECTOR	RESIDENCE OF DECEDENT	4101116	
Seg	W.	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATION
5-0020 ending physician. as the burial-transit permit. Pages 1,		Maryland Baltimore 100. STREET AND NUMBER		Ba1
2	FUNERAL			10f. ZIP CODE
an. trans	y	4317 Barrington Road		
20 Inysic	문	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES	2 X NO	13. WAS DECENDENT O
MARYLAND 21215-0020 retained by the hospital or attending physician 5 should be detached for use as the burial-trian notified at once.	B⊀	3 Wildowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 TYES 2 X NO
1215 r atten use as	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	USUAL OCCUPATION rork done during most of working
YLAND 212: by the hospital or att be detached for use at once.	7	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT us	
MARYLAND retained by the hospital should be detached notified at once.	ğ	17. FATHER'S NAME (First, Middle, Last)	ПО	memaker
y the	_	Louis Bochese		18. MOT)
Ped bould	BE	19a. INFORMANT'S NAME (Type/Print)	105 11411 1110	1000000 (0
BALTIMORE, MARYLAN four after death. Page 6 may be retained by the host of in by the funeral director, page 5 should be detach or removal.  medical examiner must be notified at once.	5	William R. Hoos	4317	ADDRESS (Street and Number Barrington
BALTIMORE, I after death. Page 6 may be tuneral director, page moval.				F DISPOSITION (Name of
BALTIMORE, or death. Page 6 may be the funeral director, page val.	1 5	1 Burial 2 Cremation 3 Removal from State	metery, cramatory or of	her place)
Nage dire		21. SIGNATURE OF EUNERAL SERVICE LICENSEE	etro Cr	ematory, In
ath.		serse.	u	Crematio
BA Ber de the fr		George E. MacNabb		299 Fred
B/ mours after of the by the or removal.	l ii	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on	ed the death. Do n	ot enter the mode of dyi
illed i		IMMEDIATE CAUSE (Final	decir iiiie.	
68760, pecuted within zary and completely filled burlal, cremation, satic event, the		disease or condition resulting in death)	fensin	Allewsiles
P.O. BOX 68760, the certificate be executed within ending physician and completely I Hygiene prior to burial, cremat or other traumatic event, is			A CONSEQUENCE OF	
587 curted od co burial	z	nor hor	Cusul	i Jenen
- 2 E	일	Sequentially list conditions, If any, leading to immediate	A CONSEQUENCE OF	):
BOX ficate be o physician ne prior to	S	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury	phint	Vasu
o.O. E nding phy Hygiene or other	뜬	that initiated events DUE #O (OR AS	A CONSEQUENCE OF	):
DS, P.O. BO) the death certificate be the attending physician d Mental Hyglene prior i injury, or other trau	CERTIFICATION	resulting in death) LAST		
L RECORDS, p law requires that the death as been signed by the atten bept. of Health and Mental I 23 shows any Injury, o		PART ii. Other significant conditions contributing to death	but not reculting in	n the underlying sever
RECORDS, requires that the despensioned by the at the of Health and Mental shows any Injury,	DICAL	Maria Araba continuing to death	P	, pro Cs
TECOR requires that sen signed by of Health an	ă	- Mayor ogran	emerr	1 pros co
REC v requir been si t. of He show	ME			
AL F law r has be Dept.	z			
VITAL IAN: The law tificate has t e State Dept	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF D
CIAN: The ertificate h the State Cor Item	YSI	1 YES 2 NO 1 Inpatient 2 ER/Out	ipetient 3 🗆 DOA	4 ☐ Nursing Home 5 ☐ Re
	H	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT WORK?
ON OD DING PHYS After this death with s marked	B	1 4 Militarel 5 Pending 2 Accident Investigation		M 1 YES 2
OGAGW		3 Suicide 8 Could not be 28s. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, si	treet, factory, office
OIVISION ATTEN OR ATTEN DIRECTOR: Nours after tem 28 I	LETED	4 Homicide determined		
DIV L OR A DIREC Hours	<u>   </u>	29a. CERTIFIER (Check only   CERTIFYING PHYSICIAN: To the best of my know	wledge, death occurre	d at the time, data and place,
HOSPITAL FUNERAL within 72 I	COMP	one) 2 MEOICAL EXAMINER: On the basis of examination		
TO THE HOSPII TO THE FUNER Be filed within IMPORTANT:		29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICE
표 표 등	BE	1 1 1 16 1 2 a		and Lice
2 6 3 ₹	임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)
		267 E. Fort Any	Bus	
			11 41	11/1/

1 - STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH LOZE B Hoos -ouise T. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

MONTHS DAYS HOURS MIN. 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 10/06/11 Italy ON OF DEATH 9c. COUNTY OF DEATH City ore 10d. INSIDE CITY LIMITS? timore 1 - YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 1229 USA OF HISPANIC ORIGIN? (Specify Yes or No-in, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Home TER'S NAME (First, Middle, Maiden Surname) Minnie Sudiro or Rural Route Number, City or Town, State, Zip Code) Balto., MD 21229 n Road OATE 20c. LOCATION - City or Town, State c. 04/08 Baltimore, MD 21228 on Society of Md.,Inc. lerick Rd. Balto.,MD 21228 ng, such as cardiac or respiratory arrest, **Approximata** Interval Between Onset and Death 10 gm. her den . 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? iven in Part I. 1 YES 2 YNO 1 YES 2 NO EATH (Check only one) sidence 6 Other (Specify) 28d. OEȘCRIBE HOW INJURY OCCUREO NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) and due to the cause(s) and manner as stated. ed at the time, date and place, and due to the cause(s) and manner as stated. NSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 030555 8/94 Alan N. Donni 21770 A REGISTRAR'S SIGNATURE APR 0 8 1994

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	FOR 1 . STATE	STATE OF MARY	LAND / DEPART	MENT OF HEA	ALTH AND M	MENTAL HYGIEN	E	10010		
	REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO				
	1. OECEDENT'S NAME (First, Middle, Last)  James E. Hudd					April 5,	1994	3. TIME OF OEATH 2:45 P. M		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIFTTH		BIRTHPLACE (State or Foreign		
	304-22-9032	1 <b>X</b> XM 2 □ F 7	O YRS.	MONTHS DAYS H	OURS MIN.	July 4, 1	923 I	Country) Kentucky		
NC.	9a. FACILITY NAME (# not institution, give Lorien-Riversid			96. CITY, TOWN OR Be ]	Camp	ATH		Harford		
15	RESIDENCE OF DECEDENT									
DIRECTOR	Maryland 10b. count	Marford	10c. CITY,	Edgewo				10d. INSIDE CITY LIMITS? 1  YES 2 NO		
AL.	10e. STREET AND NUMBER			10f. Z	P CODE		10g. CITIZEN	OF WHAT COUNTRY?		
E	1707 D Crimso	n Tree Way		100	21040		U.	.S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	IN U.S. ARMEO S 2 NO DATES -1952	If yes, speci		C ORIGIN? (Specify Yes , Puarto Rican, atc.)	or No — 14.	RACE — American Indian, Black, Whita, etc. Specify: White		
8	15. DECEDENT'S EO (Specify only highest grad	UCATION	16a. DECEDENT'S U	SUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUST			
LET	Elementary/Secondary (0-12) N/A	College (1-4 or 5+)	life. Do NOT use		i working	0	2 - 1 - 0			
COMPL		N/A	Mech			0	Cola Co	ompany		
	17. FATHER'S NAME (First, Middle, Last) Thomas Huddl	acton		1		AE (First, Middle, Malden	,			
BE	19a. INFORMANT'S NAME (Type/Print)	eston				e McKinne				
2	Dorothy E. Hudd	leston	The second second			ay Edgewo				
	20e. METHOD OF OISPOSITION  BCRBuriel 2 Cremation 3 Rer  4 Donation 5 Other (Specify)		0b. PLACE AND DATE OF	F DISPOSITION (Name	of	DATE 20c. LO	CATION — City	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE L		darrison i							
	1/1	M.		9705 E	Belair R	neral Home de, Balti	more, l	MD 21236		
	23. PARTY. Entar the diseases, or shock, or heart feiture iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause on	each line.	er_	of dying, such	a a cardiec or respi	ratory arrest	, Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR AS	A CONSEQUENCE OF)	);						
IFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	):						
ERT	resulting in death) LAST	d								
1 - 1	PART II. Other algnificant condition	na contributing to death	but not resulting in	the underlying o	ause given in i	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICAL						PERFOR	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
ED						1  YES 2	. □ NO	OF DEATH?		
						_		1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
HYSICIAN:	EXAMINER?	HOSPITAL:		ОТНБЯ:	E OF OEATH (Che					
148	27. MANNER OF DEATH	1 Inpetient 2 ER/O				8 Other (Specify)				
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year		IRY WORK		28d. DEŞCRIBE HOW I	NJURY OCCUR	ED		
B	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJU- building, etc. (S	RY — At home, term, st pecify)	reet, factory, office		281. LOCATION (Street of City or Town, State)		Rural Route Number,		
COMPLET		BICIAN: To the heat of my kni						suse(a) and manner as stated.		
8	29b. SIGNATURE AND TITLE OF CENTIFIE	CR A	V	2	C. LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)		
2	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Print)	000	3	777	144		
1	Dr. Linda Freil				, Maryl	and 21015	5			

32 REGISTRAR'S SIGNATURE
Filia Buildon Pandall



31. DATE FILED (Month, Day, Year)
APR 0 8 1994

ITEMS: 23 PART I, II, 27, 28a-f, PER MEO FILM G-711 5/11/94 t.t.

_		REGISTRAR	STATE OF MARYLAND / DEPAI CERTIF	RTMENT OF I	HEALTH AND DEATH	MENTAI	L HYGIEI			
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE MONTI	OF DEATH	DAY Y	EAR 3.	TIME OF DEATH
		THOMAS  4. SOCIAL SECURITY NUMBER		JONES	T				94	12:45 P
Pin		242-40-9682	6. AGE (In yrs. lest birthday)  WM 2 G F  YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	"Moget	OF BIRTH 1, Day, Year) -/2-	26	Country)	ACE (State or Foreign
2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give stree  INTVERSITY HOSP RESIDENCE OF DECEDENT			OR LOCATION OF D	EATH		9c. COUNTY	OF DEAT	Н
Pages 1,	EC	10a. STATE / 10b. COUNTY	10c. Cr	TY, TOWN OR LOCA	TION				10	d. INSIDE CITY
permit. Pag	AL DIRE	100. STREET AND NUMBER		BAITE	r. ZIP CODE			10o. CITIZER		LIMITS? VES 2 NO T COUNTRY?
150	FUNERAL	22/3 MAIS	2. WAS DECEDENT EVER IN U.S. ARMED		212	30		1	1.	5
a a e	В	1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1 ZYES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp	CENDENT OF HISPA Decify Cuban, Mexico NO Specific	n, Puarto F		98 Of No   14	Black, W	American Indian, hita, etc.
4 4 5	COMPLETED	15. DECEDENT: 5 EDUCAT (Specify only Jephess grade on Elementary (Becondary (B-12)	16a. DECEDENT'S (Give kind of life. Do NOT of life. Do NOT of life. Do NOT of life. Do NOT of life. Do NOT of life.	S USUAL OCCUPATION I work done during mouse retired.)	ON ost of working	166	KIND OF BI	USINESS/INDUS	TRY	
2 5 5 E		17. FATHER'S NAME (First, Middle, Last)	Jones BR.	0. 0	18. MOZHER S NA	ME (First, A	Room Marion	n Sumanya)		
retained to should be should	TO BE	19a. INFORMANT'S NAME (Type/Prigh)		G ADDRESS (Street &	and Number of Humin	Houte Numb	we can of in	A HO	ode)	12112
6 may be		20a. METHOD OF DISPOSITION  Buriel 2 Cremetion 3 Remove  A Donation 5 Other (Specify)	20b. PLACE AND DATE company, cyematory or	OF DISPOSITION (No	eme of V.A	DAT	E/ 20c. L	OCATION — CITY	y or Town,	Stota (1) - 12
Page I dire		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Valsian Re	22. NAME AI	ND ADDRESS OF FA	CILITY	0	101111	15/	11/12/11
BALIIN S after death, Pag by the funeral distremoval. dical examiner		Betts Fune,	-11	175	29N.	Cr.	Anc	lin	re	5/
with hour hour pletely filled in cremation, or rent, the me		23. PART i. Enter the disease, or con ahock, or heert feilure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	to niy pne cause pn each line.  CARDIAC ARRHYTHMIA CO  CARDIOVASCULAR DISEAS  DUE TO (OR AS A CONSEQUENCE C	MPLICATING E DURING A	ATHEROSCL	EROTIO			t,	Approximate Interval Betwee Onset and Dea
th certificate be executed physician and I Hygiene prior to burn or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O							
ATTENDING PHYSICIAN: The law requires that the death ECTOR: After this certificate has been signed by the atter is after death with the State Dept. of Health and Mental 28 is marked, or Hem 23 shows any injury, or	MEDICAL C	PART II. Other significent conditions of THYROMEGALY; ALZHEIMER		in the underlyin	g cause given in	Part I.		N AUTOPSY ORMED? 2 NO	AM CC OF	RE AUTOPSY FINDING ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
he law r has be bept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PI	LACE OF DEATH (CA	eck only on	in)			
SICIAN: The certificate i the State i, or item	SIC	EXAMINER?  1 XYES 2 NO 1	IOSPITAL:  Inpatient 2X ER/Outpatient 3 DOA	OTHER:	ne 5 🗆 Residence					
HYSICIA this certif with the	Ή	27. MANNER OF DEATH	28a. DATE OF INJURY 26b. Til	ME OF 28c. INJ	JURY AT			INJURY OCCUP	RED	
DING PHYS After this death with	ВУ	1 Netural Pending Investigation	3-28-94		YES 2 (NO	UNKN(	NWC			
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ETED I	3 Suicide 8 XCould not be 4 Homicide datarmined	28e. PLACE OF INJURY — At home, ferm, building, etc. (Specify)		-			e) 2813 MA		STREET
AL OR IL DIRI 2 hour	COMPLE	0.001	N: To the best of my knowledge, death occur On the bests of examination and/or investigati						euse(s) ar	d manner es stated
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If		29b. SIGNATUBE AND TITLE OF CERTIFIER	A 2		29c. LICENSE NU					onth, Day, Year)
MPOR	BE	Derru J.	Chucke uns		O.C.M					29, 19
TO THE HOSPIT TO THE FUNERA Se filed within 7	5	30. NAME AND ADDRESS OF PERSON WHO								
		31. DATE FILED (Month, Day, Year)	111 Per	nn Stre	et, Bal	T 1M	ore,	maryl	.and	21201
		APR 08 1994	Julia Lavidon Rondo							

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DHMH-18 Rev 1/89

3. TIME OF OEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

BLACK

21215

MD

Approximata

?

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

interval Batween

Onset and Death

IWK

1 X YES 2 NO

8. BIRTHPLACE (State or Foreig

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

Specify.

SHELTON

PERFORMED?

MD.

20c. LOCATION — City or Town, State

LANSDOWNE.

12:32

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2. DATE OF DEATH MONTH 4

7. DATE OF BIRTH

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	A: The law requires that the death certificate be exe
VITAL	AN: The law
OF	PHYSICI
VISION	DR ATTENDING PHYSICIAN
<u></u>	DB

Pay. 3 9a. FACILITY NAME (If not institution, ohe street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR use as the bunal-transit permit. Pages 1, 2, 3 SINAI HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD. BALTIMORE CITY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 5713 JONQUIL AVE 21215 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Maxican, Puarto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married FORCES? 1 YES 2 1 YES 2 X NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondar (0-12) page 5 should be detached for College (1-4 or 5+) UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ ISRAEL JONES BE MAMIE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ULICE JONES BALTIMORE, JONOUIL AVE. Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Buriel 2 Cremetion 3 Removal from State funeral director. cemetery, crematory or other plece)
MT。 ZION CEMETERY Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY death. BETT'S FUNERAL HOME 1129 N. CAROLINE ST. BALTO, MD21213 removal. medical Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in by shock, or heart fallure. List only one cause on each line. ŏ IMMEDIATE CAUSE (Final the cremation. disease or condition GI Bleed. completely resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF and com Adeno Carcinoma (Cance Bowel CERTIFICATION Sequentially list conditiona, nding physician a Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST 0 the atten Mental I injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY and I shows any Signed Health a 1 YES 2 NO been . PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item certificate to the State HOSPITAL OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Homa 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked. With 1 Natural 1 YES 2 NO After t ВУ 2 Accident
3 Suicide 26a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 69 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be hours after DIRECTOR 4 Homicide 28 determined DR ATTE Item 29a. CERTIFIER
1 DC CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) HOSPITAL be filed within 72 h 2 MEDICAL EXAMINER: On the basis and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER H 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

Shah

081994

Devan

31. DATE FILED (Month Day, Year)

APR

M.D.

HEGISTRAN'S SIGNATURE

Item# 4 Per F.H. Film# G-710 04/08/94 R.M.

6. AGE (In yrs.

6

Jones

1 M 2 XF

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

IF UNDER 1 YEAR

DAYS

Hespital

Simai

IF UNDER 24 HRS.

1 - FOR STATE REGISTRAR

4. SOCIAL

1. DECEDENT'S NAME (First, Middle, Last)

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Never Married 2   Married   Widowed 4   Divorced  15. DECEDENT'S ED (Specify only highest grace)   Elementary/Secondary (0-12)   XXXX     FATHER'S NAME (First, Middle, Last)     BARRY JOH     BARRY JOH   SPECIFOR     BARRY JOH   SPECIFOR     BUTIST 2   Cremation 3   Reil Donation 5   Other (Specify)	FORCES? It IF YES, GIVE WE WE WE WE WE WE WE WE WE WE WE WE WE	YES 2 NMR OR DATES  16a. DE(G) Hillian  20b. PLACE completery, crer MT . Z	CEDENT'S IVE BIND OF USE AND ALLING OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	USUAL OCCU Work done durin in eretired.)  X  ADDRESS (SI	IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IN MOTO IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATION IPATIO	en, Maxican, Specify:  THER'S NAM  ZVETT  or or Rural Ro  E STR	16b. KIP  16b. KIP  16c. KIP  16c. KIP  16c. KIP  16c. KIP  16c. KIP  16c. KIP  16c. KIP  16c. KIP	ND OF BUSINESS/IN  XXXXXX  Ile, Malden Surname)  ARTINAS  City or Town, Stete, 2	Blac Spec	BLACK BLACK  88888
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111 Penn Street,

Baltimore, Maryland 21201

1. DECEDENT'S NAME (First, Middle, Last)

1 - FOR STATE REGISTRAR

RAYMOND

31. DATE FILED (Month, Day, Year,

0 8 1994

YEAR 94

U.S. OF A.

994

3. TIME OF DEATH

7:19

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

BALTO., MD.

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

TOUSE

Approximata

Onset and Death

1 YES 2 NO

BLACK

8. BIRTHPLACE (State or Foreign

MARYLAND

AM

2. DATE OF DEATH

APRIL 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 1 4 1 M 2 | F FEB. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH GOOD SAMARITAN HOSPITAL E.R. BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1543 WINSTON AVENUE 21239 use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuben, Maxican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) filled in by the funeral director, page 5 should be detached for College (1-4 or 5+) XXXXXX XXXXX 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) 76 RAYMOND BERNARD JEFFERSON YVETTE MARTINAS BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 307 WALLACE SEREET FARMVILLE, N.C. MRS. IDA GLASCOE W. ours after death. Page 6 may be pe 200 METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 3 🗆 Ras etery, compared to CEMETERY 4/9/94 BALTIMORE, MARYLAND GWYNN 22. NAME AND ADDRESS OF FACILITY examiner LEWIS T. GWYNN FUNERAL HOME 21215 eurs 4517 PARK HEIGHTS AVE. medical 23. PART I. Enter the diseases, or complications in sused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one care on each line. ation. or IMMEDIATE CAUSE (Finel the disesse or condition resulting in deeth) the attending physician and completely Mental Hygiene prior to burial, crematic other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY certificate has been signed by the the State Dept. of Health and any 1 TYES 2 THO 23 shows PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: YES 2 NO 1 Inputient 2 ER/Outputient 3 I DOA 4 Nursing Home 5 Residence 10 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? this c 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural Vicit UNK 1 YES DIRECTOR: After to hours after death item 28 is man BY 2 Accident 281, LOCATION (Str. COMPLETED 6 Could not be 4 Homicide Home 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the TO THE HOSPITAL TO THE FUNERAL IS BE filed within 72 h 2 MEDICAL EXAMINER: On the MANATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E **APRIL** 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Locke 111 Penn Street, Baltimore, Maryland 21201

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

JEFFERSON JR.

DHMH-16 Rev 1/86

,1994

FOR STATE REGISTRAR

1 -

*APR !! 994

	i	1. DECEOENT'S NAME (First, Middle, Last)	T						ATE OF GEATH	NI.	YEAR,	3. TIME OF OEATH
		Hester.	Jones						04	040	14	М
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		UNDER 1 YEAR	HOURS	24 HRS. 7. DA	TE OF BIRTH lonth, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
1	I	219.21.4101	1 🗆 M 2 🎵 F	83	YRS.	MINS DATE	HOURS	0	2-05-	11		Va.
		9a. FACILITY NAME (If not institution, give	street and number)		96	b. CITY, TOWN	OR LOCATIO	ON OF OEATH		9c. COUN	TY OF O	EATH
13	8	3400 Ar	ellen (	1.	1	Bal	tim	ore				
	ธิโ	RESIDENCE OF DECEDENT						7	<u></u>			
	DIRECTOR	10a. STATE 10b. COUNT	Y	-	10c. CITY, TO	OWN OR LOCAT						10d. INSIDE CITY LIMITS?
	- 116	MD BA	LIMO	er	1	Dalt	IM	ove				1 YES 2 NO
	₹I	10e. STREET AND NUMBER		1		10	ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
		3400 Hrel	len C	<i>t</i> ,			210	107		US	H	
	FUNERAL	11. MARITAL STATUS		T EVER IN U.S. AR				F HISPANIC ORI	IGIN7 (Specify Yearto Rican, etc.)	or No-	14. RACE Black	- American Indian, White, atc.
- 1	BY	1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE Y				2 X NO	Specify:	, , , , , , , , , , , , , , , , , , , ,		Specif	Black
			<u> </u>									15 (000 10
H		15. DECEDENT'S EDU (Specify only highest grad		(G	CEDENT'S USI ive kind of work . Do NOT use re	WAL OCCUPATE k done during mo	ON est of working	0	16b. KIND OF BUS	INESS/INDL	JSTRY	
		Elementary/Secondary (0-12)	College (1-4 or 5	·) _	4	0			Hospi	1.1		
g   }	물				ood	Serv	_					
	COMPLET	17. FATHER'S NAME (First, Middle, Last)	L TAS				16. MOTH		st, Middle, Maiden S		1	
6	H	James Dou	din				21	120	Carr	129	100	`
5 1	2	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING AD	ODRESS (Street	and Number	or Rural Route N	lumber, City or Town	, State, Zip	Code)	2 /2 2 0
ין פ	- 1		INSOM		620	E. B	e ve	dere 1	Ave. Ba	te	Md.	, 21239
		20a, METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ren	novel from State	20b. PLACE other ple		ION (Name of ce	metery, crem	etory or	20c. LOC	CATION —	Hy or To	wn, Stete
		4 Donation 5 Other (Specify)			Gal	ilee	Ce	meters	y Kai	ndolp	sh, 1	Va ·
	1	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE			Ja m		S OF FACILITY	ton I S			
YOU		De Camer	a. Mi	rton'		170	-		s St. t		. Md	712.1
		23. PART I. Enter the diseases, or			eth. Do not		-					Approximeta
		shock, or heert fallure.							•			Interval Between Onset and Death
2		IMMEDIATE CAUSE (Final disease or condition	Sau. 1	. 1	F. A	. M	. 1	12 horas	ners	740	0	5 4 ~
	H	resulting in deeth)	e. deput	OR AS A CONSE	OHENCE OF	~ ~//		3100	War	1	_	Jan
3			DOE TO	(On As A Consci	QUENCE OF).	V				U		
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Octube to	TIFIC	ceuse. Enter UNDERLYING	c	(OR AS A CONSE	QUENCE OF):						_	
y, or other ut	CERTIFIC	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	c	(OR AS A CONSE	QUENCE OF):							
5	AL CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa	d			the underlyin	g cause g	jiven in Part i	J. 24a, WAS AN		24b.	WERE AUTOPSY FINANGS
5	- 11	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	d			the underlyin	g cause g	jiven in Part i	I. 24a. WAS AN PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIRE			AGE (In yrs. last		IF UNDER	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	Day, Year)		Country)	E (State or Foreig
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4	10e. STATE 10b. COUNTY	Baltimore		10c. CIT	Y, TOWN O	LOCAT	Duna	lalk				INSIDE CITY LIMITS? YES 2 NO
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BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 💢 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR	YES 2 X N		11	yes, spe	ENDENT OF HISPAI ecify Cuban, Maxica 2 X NO Specif	in, Puarto Ric	Specify Yea an, atc.)	or No — 14,	Black, Whi	merican Indian, ita, aic. White
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COMPL	12th Grade		H	ouse	wife				Ow	n Home	2	
ខ្ច	17, FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA					
8	Dewey Green  198. INFORMANT'S NAME (Type/Print)		1		100			rie Cl				
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ŀ	20s. METNOD OF DISPOSITION		20b. PLACE A	NDDATE	OF DISPOSE	TION /Na	me of	OATE	200 100	CATION - CITY	or Town S	tete
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EDICAL	PART II. Other significent conditions	s contributing to dee	eth but not re	esulting i	in the un	lerlying	cause given in		PERFOR	MED?	AMIL COM OF 0	E AUTOPSY FINE ABLE PRIOR TO PLETION OF CAL EATH?
AN: M								_			''	YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	VOutpatient 3	DOA	OTHER 4   Nurs		ACE OF DEATH (Ch		Specific .			
>- III	27. MANNER OF DEATH	26s. DATE OF INJU	URY	28b. TIM		8c. INJU	URY AT			JURY OCCUR	EO	
BY	1 Natural 5 Pending Investigation				М	1 🗌 Y	ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF IN- building, atc.	JURY — At hon (Specify)	ne, farm, e	itreet, facto	ry, office			ON (Street as Town, State)	nd Number or i	Rural Route I	Vumber,
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<u>۹</u>	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DE WH THE	27) (Type,	Print)		276	131			1/0,	1-17
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, L	MONY D.	TONES	5.		2. DATE OF DEATH	- QI	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-60-3087	5. SEX 6. AGE	(In yrs. lest birthdey) 41 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	DATE OF BIRTH	n/BIRTI Count Md	HPLACE (State or Foreign ry)	
CTOR	96. FACILITY NAME (If not institution, give streft and number)  Sinia Hospital  RESIDENCE OF DECEDENT  96. COUNTY OF DEATH  Baltimore								
L DIRECTOR	MD 10e. STREET AND NUMBER			CITY, TOWN OR LOCATION Baltimore			10d. INSIDE CITY LIMITS?  1 YES 2 NO		
FUNERAL DIRE	2914 Wynham Road, Apt. B			191. ZIP CODE  21216  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye			10g. CITIZEN OF WHAT COUNTRY?  USA  BE OF NO. 14. RACE — American Indian.		
6	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1   YES	2 NO	Il yes, specify Cuben, Mexicen, Puerto Ricen, et 1  YES 2 NO Specify:					
ETE	15. DECEDENT'S (Specify only highest g  Elementery/Secondery (0-12)  9th		16e. DECEDENT'S U (Give kind of we life. Do NOT use Labore	ork done during mos. retired.)	N I of working	16b. KIND OF BUSI	INESS/INDUSTRY		
111	17. FATHER'S NAME (First, Middle, Last) David F. Jones				16. MOTHER'S NAME Evelyn	MOTHER'S NAME (First, Middle, Maiden Surname) Evelyn Watkins			
be notified TO Bi	Pel INFORMANT'S NAME (Type/Print)  Evelyn Watkins  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)  1529 Kingsway Rd. Balto., MD 21218								
must	206. METHOD OF DISPOSITION  1) Buriel 2 Cremetion 3 Removal from State  4 Doneston 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other piece)  No. Park 4/12/94Randallstown, MD  21. BIGNATURE OF FUNERAL BETWICE LICENSEE								
cal examiner	Albert P. Wylie F/H 638 N. Gilmor Street, Balto.MD 21217								
ial, cremation, or remove event, the medical	interval Batween								
Hygiene prior to bur or other traumatic	disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  TEVELON PUE UNDTHORAX > EMD  OUE TO (OR AS A CONSEQUENCE OF):  1 INTRACRANIAL PRESSURES  Due TO (OR AS A CONSEQUENCE OF):  C. INTRACRANIAL PRESSURES  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):								
hows any inju	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
the State Dept. or Hem 23 s  IYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ONO  28. PLACE OF DEATH (Check only one)  OTHER: 4   Nursing Home 5   Reeldence 6   Other (Specify)								
marked BY PI	28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. TIME OF INJURY AT WORK?  28. INJURY AT WORK?  28. DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF INJURY A DATE OF IN							Bouto Musikar	
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	HFR U8 1994	POR REGISTRAR'S SIGN	Mandell.						

BALTIMORE, MARYLAND 21215-0020

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AL	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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Item# 10e,20b Per F.H. Film# G-710 04/08/94 R.M. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH Ames VEAD 8:50p 4 94 4. SOCIAL SECURITY NUMBER 5. SEX GE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fo IF UNDER 1 YEAR IF UNDER 24 HRS 245-24-4614 1 X M 2 - F 76 YRS. 6/6/1917 S. CAROLINA 9a. FACILITY NAME (if not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH LIBERTY MEDICAL CENTER DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3010 AUDHENTOROLY TERRACE 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES В 3 X Widowed 4 Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) White Coffee Pot Cook 5th once. 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE William Kennedy Carrie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21217 2 Janie Mathis 3010 Auchentoroly Terrace Balto,, MD must be 20a. METHOD OF DISPOSITION

1 X Burlel 2 Cremetion 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State King 4 Donation △ Other (Specify) Memorkal Park 4/9 Randallstown, MD the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy O. Dyett & Son Funeral Home 4600 Liberty Heights avenue Enter the disease id the deeth. Do not enter the mode of dying, such as cardled or respiratory arrest, shock, or heart falls List only one cause ach line Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in desth) Myo Cond other traumatic event, A CONSEQUENCE OF Car dylopulmona CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 -10 OF DEATH? 1 YES 2 1 NO PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER 1 YES 2 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. **MPORTANT**: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dgy, Year) BE 7203 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Type, Printy Med Cent 4 i Dert ance 7mas 31. DATE FILED (Month, Day, Year)
APR 08 1994 EGISTRAN'S SIGNATURE

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RALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

RECORDS ARTENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF DEATH		

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / OEPART			MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	Hallie Mae				2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	11:30 A M
	242-28-8236	1 D M 2 KF 7	4 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	919 NO	rth Carolina
œ	9a. FACILITY NAME (If not institution, give str		9		R LOCATION OF DE	ATH	9c. COUNTY OF	
DIRECTOR	7325 Kirtley AV	<u>enue</u>			Dundalk		Balt	imore
E E	10a. STATE 10b. COUNTY	2011		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Maryland  100. STREET AND NUMBER	Baltimo	re	101	ZIP CODE	ndalk	10a. CITIZEN OF	1 YES 2XXNO
FUNERAL	7325 Kirtley Av	enue			2	1224		ed States
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 X YES	2 NO		ENDENT OF HISPAN	IIC ORIGIN? (Specify 1		CE — American Indian, ck, White, atc.
B	3XXWidowed 4 Divorced	Army WW	TT		ZXXNO Specify		Spec	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEDENT'S US	BUAL OCCUPATION MORE		16b. KIND OF B	USINESS/INDUSTRY	***************************************
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)	or working			
COMPLETED	12th Grade  17. FATHER'S NAME (First, Middle, Last)		Beauti	cian	16 MOTHER'S NA	ME (First, Middle Maide	Employed	
ш	Millard Walker S	mith				ie Geneva	,	
10 8	19a. INFORMANT'S NAME (Type/Print)	•			nd Number or Rural F	Route Number, City or To	own, State, Zip Code)	
	Deborah G. Hube					2. Baltir		
	20s. METHOD OF DISPOSITION  1X Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val trom State	PLACE AND DATE OF petery, crematory or other	rplacel			OCATION — City or T	own, State  Maryland
	21. BIGHATURE OF PURENAL SERVICE LICE	DISEE /	waters of	22. NAME AN	D ADDRESS OF FAC	CHLITY		
	* (hell m	tost		Vuda	*Ruck Fw	neral Hom e <u>Dunda</u>	e of Dund	alk, Inc.
CERTIFICATION	shock, or heert fellure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	cer	with	metas	tases	Interval Batween Onsat and Death
AL.	PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlying	ceuse given in		IN AUTOPSY 24	b. WERE AUTOPSY FINGINGS
PHYSICIAN: MEDIC		D				1 YES	2 <b>N</b> O	COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL							
SICI	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outs		THER:	ACE OF DEATH (Che	6 Cher (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. OATE OF INJURY (Month, Oay, Year)	26b. TIME (	OF 28c. INJ	JRY AT RK?	26d. DESCRIBE HOW	INJURY OCCURED	
TED BY	2 Accident investigation 3 Sulcida 6 Could not be detarmined	26a. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stre	et, factory, office		28f. LOCATION (Stree City or Town, Stell	t and Number or Rural le)	Route Number,
COMPLETED		CIAN: To the best of my know						(s) and manner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIER	caner	N		29c. LICENSE NUM			(Month, (fay, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)	00	7		
	31. DATE FILED (Month, Dec. Year) 994	32/ABGISTAM'S SIGN	ATTURE A- Adopted					

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BALTIMORE, MARYLAND 21203-3146

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executed within certificate be the death n signed by ti HOSPITAL OR ATTENDING PHYSICIAN: The law requires that been s has be Dept. certificate to the State the with i After 1 death DIRECTOR: A hours after d FUNERAL within 72 h

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Leet) WILLIAM THOMAS KING 2. DATE OF DEATH 3. TIME OF DEATH 130 KING tam 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 215-18-7555 MONTHS DAYS HOURS 1 XM 2 - F 81 10-01-1912 VDC VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR GREATER LAUREL NURSING HOME LAUREL PRINCE GEORGE' RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 YES 2 YNO 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND ANNE ARUNDEL ODENTON 10a, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21113 540 OAKTON ROAD U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ⚠ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 XNO Specify: Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) 6 NONE MECHANIC SERVICE STATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EUGENE FELIX KING LAVIE LETT CLEMENTS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EVELYN E. KING 540 OAKTON ROAD, ODENTON, MD. 21113 20a METHOD OF DISPOSITION
1 (A Burlal 2 | Cramation 3 | Ramoval from State 20b. PLACE OF DISPOSITION (Name of cametery, cremator 9/9/1994 20c. LOCATION — City or Town, State of the relace) GLEN HAVEN MEMORIAL PARK GLEN BURNIE, MD. □ Donation 6 □ Other (Specify) 21. SIGNATURE OF PUNEILAL SERVICE LICENSEE SINGLETON FUNERAL HOME, 22. NAME AND ADDRESS OF FACILITY GLERCBURNAYENUEYLAND. 21061 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line iterval Betwe IMMEDIATE CAUSE (Fine) **Onset and Death** ASTRO INTESTINAL BLEEDING disesse or condition resulting in death) GASTLIT CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 TES 2 NO 1 | Inpatiant 2 | ER/Outpatient 3 | DOA me 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 26a. DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 Natural
2 Accident 6 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — Al home, farm, atreet, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide

29a CERTIFIER 1 CERTIFY PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one)

of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND THE 290. UCENSE NUMBER
1) 24035 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRES COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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	n signed by the at	f Health and Ment	lows any injury
	this certificate has bee	the State Dept. o	or item 23 sh
	R. After this ce	h with	is marked,
	AL DIRECTO.	72 hours after deat	If item 28
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the. BRFORMANT'S NAME (Specified)  Donald Kayser  920 Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  200. Linwood Road, Hagerstown, MD 21740  201. Linwood Road, Hagerstown, MD 21740  202. Linwood Road, Hagerstown, MD 21740  203. PART Line the disease, of gomplications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, Interval Betwook, or heart feiture. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease) or conditions, If any, Leading to immediate wants and Linwood Road, Hagerstown, MD 21740  201 To (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (or As a Consequence or):  Due to (o	6 111	Harry A. Alb	ert							
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PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.	C .									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  OTHER:  1 Notural 5 Panding Investigation  26. PLACE OF INJURY AT WORK?  M 1 YES 2 NO  27. MANNEB OF DEATH  28. PLACE OF INJURY AT WORK?  M 1 YES 2 NO  28. PLACE OF INJURY AT WORK?  M 1 YES 2 NO  28. PLACE OF INJURY AT WORK?  M 1 YES 2 NO	¥				eaulting in t	he underlyin	g cause given i			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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290 CERTIFIER		= Conin not no	building,	etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		City or Town, State)	aria rioritzai gi	TOTAL FROM TOTAL CONTROL .
Check only Check only Certifyling Physician. To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(a) and manner as stated.		290. CERTIFIER CERTIFYING PHYSIC	IAN. To the heat of	my knowledge de	ath occurred -	t the time date	and place and d	a to the country and		
(Check only one)  (Check only active time time, data and piace, end due to the cause(a) and manner as stated, one)  (Check only active time, data and piace, end due to the cause(a) and manner as stated, one)  (Check only active time, data and piace, end due to the cause(a) and manner as stated, one)	ž I									
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=   / WIN	121	-00. NAME AND ADOPESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITER	4 27) (Type, Pri	nt)			/	71
C KOYL MUNICIPALITY DING D 17591 \$4/4/94		1799 Hawel	1 80	Ham	SLOWIL	n	10 6	21740		
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ITEMS: 23 PART I, II, 27, PER MEO FILM G-710 4/14/94 t.t

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, L	Last)							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
	RONALD	Pau1			L	IPP'	Y	1	ARP		4	94	7:45
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER	DAYB	IF UNDER 2	4 HRS.		OF BIRTH	4	Count	
	212 40 5602		51	YRS.						9-19	42		ryland
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF										TY OF D	DEATH		
3518 BEECH AVE APT C BALTIMORE CITY 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY													
SINE		UNTY		-									10d. INSIDE CITY LIMITS?
	Maryland	na		Ba	lti								1 YES 2 NO
FUNEHAL	3518 Beech	A	+0			101.	ZIP CODE	2	12	1 1			WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDE		. ARMED	13.	WAS OEC	FNDENT OF			N? (Specify )		S A	E — American Indian.
	1 Never Married 2 Married	FORCES?		NO		If yes, spe	city Cuban,	Maxican,	Puerto	Rican, etc.)	es or No-	Blac	k, White, atc.
	3 Widowed 4 Divorced			no	1	1 100	2 1110	эрвопу.				Spec	White
ED	15. DECEDENT'S (Specify only highest		16a	Give kind of	work done	CCUPATIO	N st of working		168	. KIND OF B	USINESS/INO	USTRY	
	Elementary/Secondary (0-12)	College (t-4 or 5	+)	IIIe. Do NOT u	se retired.)	-							
COMPL	10 +			Bar	ber	_							
- 1	Lester R. Li						E (First,	Middle, Maide	n Surname)				
2	19a, INFORMANT'S NAME (Type/Print)			10h MAILING	Anness	e /Count to		a e	- to Mum	to Chune E	wn, State, Zip	Cartal	
2	Constance C.		101										e,MD210:
	20a. METHOD OF DISPOSITION		20b. PLA	CEANDDATE			-	_ T O W	OAT		OCATION —		
	1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from Stata		, cremetory or o		311011	776 01		1	-		with our re	JWII, JURIE
ì	21. SIGNATUME OF FUNE AL SERVICE	E LICENSEE Rona	1 dWa	de, Di	r 22.	NAME AN	D ADORES	S OF FACI	LITY	State	Ana	tom	y Board
	Derverel 1	11 holls											
	23. PART I. Enter the diseases, shock, or heart fall immediate Cause (Final disease or condition resulting in death)	a. ATHEROSCI	use on aach	CARDIOV	not enter	the mod	de of dyin						Approximat interval Bet
TIF	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO d. OUE TO	LEROTIC DORAS A CON O ORAS A CON	CARDIOV. NSEQUENCE O	ASCULA	the mod	de of dyin	g, such	aa can	diac or res	piratory arm	oat,	Approximatinterval Bat Onset and
: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. ATHEROSCI DUE TO  b. OUE TO  c. OUE TO  d. Sitions contributing to	LEROTIC DORAS A CON O ORAS A CON	CARDIOV. NSEQUENCE O	ASCULA	the mod	de of dyin	g, such	aa can	diac or res	PIRATOPSY DRMEO?	oat,	Approximatinterval Bat Onsat and i  Onsat and i  were autopsy fin Amilable prior to Completion of Cal OF DEATH?
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	1. DECEDENT'S NAME (First, I	Middle, Last)								2. DATE	OF DEATH		1	. TIME OF DEATH	-
	DOROTHY		E		LE	VIN				MONT	Apr 74	994	ME A D	12:55 pm	M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In	yrs. last birthde		DER 1 YEAR	_	R 24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign	_
1	217-24-6	924	1 M 2 🔀 F		80 YRS	MONTH	DAYS	HOURS	MIN.		6 - 191	3	Man	yland	
_			reet and number)			9b. CI		OR LOCAT					NTY OF DEA	тн	_
DIRECTOR	Saint Josep		ital				To	waon,	Man	viand			Baltim	ore	
E C	RESIDENCE OF DECI	10b. COUNTY			10c.	ary, row	N OR LOC	CATION					10	Dd. INSIDE CITY	_
=	Md.	Bal	timore			Balt	imo	ne						LIMITS?	
	10e. STREET AND NUMBER							101. ZIP COD	E			10g. CITI		AT COUNTRY?	-
EB	2931 Nort.	hwind	Road					2/23	4			U.	S.A.		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			1		ECENDENT	OF HISPAI		i? (Specify Yes	_	14. RACE -	- American Indian,	-
ВУ Е	1 Never Married 2\(\infty\) Nover Married 2\(\infty\) Nover Married 2\(\infty\) Nover Nover Married 2\(\infty\)		FORCES? 1 IF YES, GIVE W					specify Cubi ES 2\(\)\(\)\(\)\(\)			Rican, etc.)	ŀ	Specify:	Vhite, etc.	
														ite	_
H	(Specify only	DENT'S EDUC	completed)		16a. DECEDEN (Give kind life. Do NO	of work don	ne durina i	TION most of work	ing	16b	KIND OF BUS	INESS/IND	USTRY		
7	Elementary/Secondary (0-1	12)	College (1-4 or 5 i	•)		nema		2			Home				
COMPLETED	17. FATHER'S NAME (First, Mid	idle, Last)			_			18. MOT	HER'S NA	ME (First, I	Middle, Maiden	Sumeme)			_
	Harry Mi.	ller									E. P1		on.		
) BE	19a. INFORMANT'S NAME (Typ.	pe/Print)						t and Numbe	r or Rural	Route Numi	ber, City or Town	, State, Zip	Code)		-
오	Mr. Morri	1 Lev	in		29	31 1	ont	hwin	d R	oad	Balto	. , M	d. 2	1234	
	20e. METHOD OF DISPOSITIO		vel from Stale	20b.P	LACE AND DA	EOFDISP	OSITION	Name of		DAT	E 20c. LOC	CATION —	City or Town	, Steta	-
	4 Donation 5 Other (	Specify)		- P	tery, crematory of ARWO	od C	em.			4/	11 8	alt	o. M.	d	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	11		1	C. n. +	AND ADDRE	M;	CHITY			-		
	Jody	1). 1	mit	1		- 17	527	Han	lon	dRo	. Bal	to.	.Md.	21234	
	23. PART I. Enter the dis	seeses, or c	omplications the	t caused 1	the deeth. D	not ent	er the n	node of dy	ing, suc	h ss cere	flec or respi	atory arr	est,	Approximete	-
	IMMEDIATE CAUSE (Fine		lst only one cau	ise on eac	ch lina.									Onset and Deat	
	disease or condition resulting in death)	<b>&gt;</b> .	CONGE	STIVE	HEART	FAIL	IRF							3 months	
	200000000000000000000000000000000000000		DUE TO	(OR AS A C	CONSEQUENCE	OF):						-			
8	Sequentially liet condition	one.	ACUTE											2 days	_
AŢ	If any, leading to immedicause. Enter UNDERLYIN	late	DOE 10	(OR AS A C	CONSEQUENCE	DF):									
CERTIFICATION	CAUSE (Disesse or Injury that Initiated events		DUE TO	(OR AS A C	CONSEQUENCE	OF):								İ	_
E	resulting in death) LAST		1.											!	
	PART II. Other significen	t condition	- contribution to	ala ath hou		- 1								1	_
MEDICAL						g in the	underly	ing ceuse	given in	Pert I.	24a. WAS AN		, AA	ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
ă	CHRONIC R									- 1	1 YES 2	NO	0	OMPLETION OF CAUSE F DEATH?	
	ARTERIOSC	LERO	IIC CARDI	DVAS	CULARI	JISEA	DE-	<b>YEARS</b>		- 1			1	YES 2 KNO	
PHYSICIAN	25. WAS CASE REFERRED TO	MEDICAL					28	PLACE OF D	DEATH (Ch	eck only on	No.1				_
SIC	EXAMINER?		HOSPITAL:	FR/Output	Hent 3 🗆 DO	ОТН	ER:	ome 5 🗆 R					-		-
H	27. MANNER OF DEATH		26a. DATE OF	INJURY	26b.	IME OF	28c. I	NJURY AT	esidenca	_	CRIBE HOW IN	JURY OC	CURED		_
ВУР	1 Natural 5 P	ending westigation	(Month, D	ay, Year)		NJURY M		VORK?	NO						
0	2 Called	ould not be	28a. PLACE O	F INJURY -	- Al home, lari	n, street, f	actory, of	fica		281. LOC	ATION (Street a	nd Number	or Rural Rou	te Number,	-
ETE	4 Homicide de	etermined		atta (opocin)	,,					City	or lown, State)				
2	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowled	dge, death occ	erred at th	e time, da	ite and place	, and due	to the cau	use(a) and man	ner ee stat	ed.		-
COMPL														nd manner as stated.	
EC	29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED (M	fonth, Day, Year)	-
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ĭ	30. NAME AND ADDRESS OF									-	. 100		1		-
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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notified

event,

6 0 cremation, completery HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wh prior to burial, and signed by the attending physician Health and Mental Hygiene prior to has been Dept. of I r this certificate h OIRECTOR: After the hours after death v FUNERAL within 72 h THE FIRST 223

ITEMS: 1.8.15.16a.17.18. PER INFORMANT FILM G-712 6/27/94 t.t. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME 2. DATE OF DEATH 3. TIME OF DEATH MAPHIS AKA IRENE P. MAPHIS A.M. LYENE 7. DATE OF BIRTH (Month, Day, Year) AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 F YRS. -11-06 220-05-6605 88 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Sykesville Carrol] Golden Age Guest Home 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY Md. Carroll 1 YES 2 NO Sykesville 109. CITIZEN OF WHAT COUNTRY? FUNERAL 10a STREET AND NUMBER 101, ZIP CODE 6478 Sacramento Drive 21784 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS t4. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES XX NO Specify: 1 Never Married 2 Married somite. BY 3 N Widowed 4 Divorced COMPLETED 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 165 KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elamentary/Secondary (0-12) College (1-4 or 5+) Teacher PRINCIPAL/TEACHER Allegany County Schools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Cora Belle Abey CORA BELLE ABE Wilmer Puffingurger WILMER PUFFINBURGER BE 19a. INFORMANT'B NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Ruth E. Brunner 6478 Sacramento Drive Sykesville. Md. 21784 Pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Carroll Cremation Service Hampstead Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Haight Funeral Home Harry P.O.Box 195 Sykesville, Md. 21784 medical 23. PART I. Enter the diseases, or complication that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, of heart feliure. List only one cause on each line. Approximate Interval Batween Onset and Death IMMEDIATE CAUSE (Final the echevasarlas disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Dementia traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Entar UNDERLYING CAUSE (Diseese Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 amy injury, 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE t TYES 2 NO OF DEATH? 23 shows 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Пem HOSPITAL: OTHER 1 - YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 8 Other (Specify) 9 27. MANNER OF DEATH 28a, DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, 1 Natural N.A 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Buicide 8 Could not be 4 Homicide 28 datarmined COMPLET Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 20806 Tun (sur) 6 9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Julia Trijda

DHMH-18 Rev 1/89

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DIVISION O	ON ATTENDANCE
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1	1. DECEDENT'S NAME First, Middle, Last)	Willow		CATE OF		2. DATE OF MONTH	DAY	QYEAR	3. TIME OF DEATH		
ĵ	4. SOCIAL SECURITY NUMBER  15 12 4457	5. SEX 6. AGE (in y) 1 M 2 K F 78	rs. last birthday) VRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Mpatt), i	BIRTH Pay, Mari	a. BIRTH Counti	IPLACE (State or Foreign		
OR	9s. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  MERCY HOSPITAL  BALTIMORE CITY										
DIRECTOR	MD.	,	10c. CITY	TOWN OR LOCAT					10d. INSIDE CITY LIMITS?  1XXYES 2 \( \text{NO} \) NO		
FUNERAL	100. STREET AND NUMBER  841 N. CENTRAI	AVE		101	2120	2	10g.	U.S.	vhat country? A .		
В	11. MARITAL STATUS 1 Never Merried 2 XMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	NO NO	If yes, sp	CENDENT OF HISPA Hecify Cuben, Mexic NO Speci	an, Puerto Ric		Black	- American Indien, k, White, etc.		
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondar (0-12)					16b. K	IND OF BUSINESS	S/INDUSTRY			
COMPL	17. FATHER'S NAME (First, Middle, Last)  AXIM  TILI	FDV	PIINI	TEK	18. MOTHER'S NA		die, Meiden Sumai	me)			
TO BE	19a. INFORMANT'S NAME (Type/Print) HERMAN MILLER		Allert Till Till Till Till Till Till Till Til		INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUSPHI INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS INDUS IND	Route Number,		e, Zip Code)	202		
	20e. METHOD OF DISPOSITION  1 Securior 2 Cremation 3 Rame  4 Donation 5 Other (Specify)	oval from Stata 20b. PL.	ACE AND DATE O	F DISPOSITION (Na	ame of	DATE 4/5	20c. LOCATIO	N — City or To			
	21. SIGNASHTRE OF FUNERAL SERVICE LIC		to	22. NAME AI	ND ADDRESS OF FA	BE	TTS FU	JNERAI			
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.  DUE TO (OR AS A CO	state	Car		ch as cardia	c or raspirator	y arrest,	Approximata Interval Betwee Onaet and Das		
CERTIFICATION	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO									
: MEDICAL	PART II. Other eignificent condition	e contributing to deeth but r	not resulting in	the underlying	g cause given in		4a. WAS AN AUTO PERFORMED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie		OTHER:	LACE OF DEATH (C		Specify)				
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	PURY AT DRK? YES 2 NO	28d. DESCRIBE HDW INJURY OCCURED								
ETED	3 Suicide 8 Could not be detarmined		CATION (Street and Number or Rural Route Number, ry or Town, State)								
MPL		CIAN: To the beat of my knowledg R: On the basis of examination en							) and manner ee stated.		
S		3			THE LICENSE NU	MBER	29d.	DATE SIGNED	(Month, Day (Year)		
O BE CON	296. SIGNATURE AND TITLE OF CERTIFIER	O COMPLETED CAUSE OF DEATH	>		teno	ling	•	3/3	10/54		

fours after death. Page 6 may be retained by the hospital or attending physician. If the funeral director, page 5 should be detached for use as the burial-trans **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

2. DATE OF DEATH

	t. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH	DAY 1	3. TIME OF DEATH		
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	50 Mary Hard 116	S. SEX B. A.	GE (In yrs. last b	YRS. MONTHS	DAYB	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	210	BIRTHPLACE (State or Foreig Country)		
	Sa. FACILITY NAME (If not institution, give		82	-11	Y TOWN (	OR LOCATION OF D	1-29-19	1/ ob	Y OF DEATH		
R	ERANCIS S	-	Mea		.,	BAH	7,	SC. COOK!	T OF DEATH		
CTOR	RESIDENCE OF DECEDENT	con key	11112		13.777						
DIREC	10a. STATE 10b. COUN	TY .		OR LOCAT	TION			10d. INSIDE CITY LIMITS?			
	10e, STREET AND NUMBER	,			120	. ZIP CODE		100 CITIZE	N OF WHAT COUNTRY?		
FUNERAL	2817 E. C	hace	57			2/2	13	log. Offize	2.0		
5	11. MARITAL STATUS	12. WAS DECEDENT EVE					NIC ORIGIN? (Specify Ye	s or No 14	I. RACE — American Indian,		
BY F	t Never Married 2 Married 3 Widowed 4 Divorced	FORCES? t Y Y				2 NO Speci	an, Puerto Rican, etc.) fy:		Black, White, atc. Specify:		
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필		College (I-4 or 5 +)	LAS	bor- 1	307	4-STE	S, 19	din-	ed		
COMPL	17. FATHER'S NAME (First, Middle, Last)		1			18. MOTHER'S N	AME (First, Middle, Maide	Surname)			
BE	Clanence	MATTI	rews	-		MAC	TARA H	toug	hes		
2	19s. INFORMANT'S NAME (Type/Print)	mon	196.	MAILING ADDRES	SS (Street a	nd Number of Rural	Route Number, City or Tox	vn, State, Zib C			
	20a. METHOD OF DISPOSITION	1'In/Inew	205 51 4 57 1	XX1/		ChAS	e 21.15	AM.	md. 2/2/:		
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	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	( ) n	22	. NAME AI	ID ADDRESS OF F	ACILITY /	11/10	my.		
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IFICATION	If any, lasding to immediata	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST  d									
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EC	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	DCATION					10d. INSIDE CITY
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ERAL	10e. STREET AND NUMBER				101. ZIP COD	DE		10g.	CITIZEN OF	WHAT COUNTRY?		
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BE	RECINALD  19a. INFORMANT'S NAME (1)	Type/Print)	MARTI		19b, MAILING	ADDRESS (Str			DA Route Number, City			)N
2	MRS. IDA		OE			. WAL						.C. 27828
	20a, METHOD OF DISPOSIT	TION		20b.PLAC	EAND DATE	OF DISPOSITION		2) [_		Oc. LOCATION		
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	Lewi	15	STORMI	D T.	2 M T MM	LEW	TO T'	. GW	YNN FU	NERAL	. HON	1E 21215
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, abock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C											Approximats Interval Between
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3. TIME OF DEATH

 BIRTHPLACE (State or Foreign Country) GOLDSBOROFGH

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REG. NO.

DAY

2. DATE OF DEATH

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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nit. Pages	DIRECTOR	MD.				LTIM					- 1	IDD. INSIDE CITY LIMITS? I TY YES 2 NO	
permit.	ERAL	10a. STREET AND NUMBER					101.	ZIP CODE		10g.	CITIZEN OF WH	COUNTRY?	
an. ransit	Ä	3946 OAKF						21215		USA	1		
5-0020 nding physician. is the burial-transit	BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Orvorced  12. WAS DECEDENT EVER IN C FORCES? 1 YES IF YES, GIVE WAS OR DATE			NO If yes, specify Cuben, Mexic				specify: Specify:			White, atc.	
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bpital or ed for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	(Give kind of work done during most of working life. Do NOT use retired.)  CONSTRUCTION			or working					
AND the hospit detached	NO.	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle	it, Middle, Melden Surname)			
5 8 6 E	E 111	JOHN MILLE	R SR.					EST	ELLE	RAYNOR	2		
A triain sho	10	19a. INFORMANT'S NAME (Type/Print)		19b				nd Number or Rural F					
		WILLIAM MILLI	ER SR.			4 ST			TIMOR	E MD.	21209		
US after death. Page 6 m in by the funeral director, removal.		20s. METHOD OF DISPOSITION  1 3 Burlet 2 Cremetton 3 Remo	oval from State	20b. PLACE A cemetery, crei			ON (Na	me of	DATE	20c. LOCATION		100	
		4 (20 Donation 8 Other (Specify)  21. SIGNAFURE OF FUNERAL SERVICE LIC	ENSEE	ARBUT	US 1			D ADDRESS OF FA	OH ITTY			MD.	
	CABILLI	James a	Morto	N					RTON&	1701 I SONS-	AUREN	S STREET	
		23. PARTIA. Enter the diseases, or cahock, or heart fellure.  IMMEDIATE CAUSE (Final	complications that of	aused the de	ath. Do no	ot entar th	e mo	de of dying, sucl	h aa cardiac	or reapiratory	arrest,	Approximate interval Between Onset and Death	
ted with completely filled ial. cremation, or		disease or condition resulting in death)	Hent Due TO (0	TO fa	1 W DUENCE OF	rl.						~2-34	
UA 68/10 be executed sician and cominion to bunial.		Sequentially list conditions, if any, leeding to immediate	Rena DUE TO (0	AS A CONSEC	UENCE OF)	0. (	al	ute)				nd-suks	
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at he he	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	R/Outpatient 3		OTHER:		ACE OF DEATH (Che		acity)			
五點		27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	JURY	28b. TIME INJU	OF 28	c. INJU	JRY AT		E HOW INJURY	OCCURED		
TTENDI TOR: A after d	اما	2 Accident 3 Suicide 8 Could not be detarmined	28s. PLACE OF I building, etc	NJURY — At hor c. (Specify)	me, ferm, st	reel, fectory	office	'	28f. LOCATION	N (Street and Num wn, State)	nber or Rural Roo	ute Number,	
DIRIC DIRIC	💆	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE										and manner se stated.	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72	#	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUN				Aorith, Day, Year)	
F F & \$	10	30. NAME AND ADDRESS OF PERSON WHI	completed cause	OF DEATH (ITEN	1 27) (7)/20, 1	Print)							
				-	1 10 1 100	-							

32. REGISTRAR'S BIGNATURE

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

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BOX 68760,
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P.O.
RECORDS,
OF VITAL
DIVISION

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, La RONALD	ONES	MULL	ENA	х, т	R.			2. DATE MONTH 04-			YEAR	3. TIME OF DEATH
	9	4. SOCIAL SECURITY NUMBER 220-16-8748	5. SEX	8. AGE (In yrs. last		IF UNDER		IF UNDER	MIN.	7. DATE	OF BIRTH	19	8. BIRTHI	PLACE (State or Foreign
2, 3 should	ECTOR	98. FACILITY NAME (If not institution, git ANNE ARUNDEL RESIDENCE OF DECEDENT		CENTER				OR LOCATI				9c. COU	NTY OF DE	
if. Pages 1,	BY FUNERAL DIR	10e. STATE 10b. COU MARYLAND AND		, TOWN OR LOCATION DWNSVILLE							10d. INSIDE CITY LIMITS? 1 YES 2 XNO			
n. ansit permit.		774 OLD HERAI	D HARBO	R ROAD			101	210	-				S.A.	HAT COUNTRY?
215-0020 attending physician. ise as the burial-transit		11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. ARI 1 YES 2 N WAR OR DATES	ARMED 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexicor 1  YES 2  NO Specify				en, Puerto F	n, Puerto Rican, etc.)			— American Indian, White, etc.	
21 al or for t	APLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1 2		(G/	CEDENT'S THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P	work done ( se retired.)	during mo	st of worki			KIND OF BUS			RACTING
YLA by the be der	E COMPL	17. FATHER'S NAME (First, Middle, Last) RONALD JONES	MULLENA	X, SR.							M. CO			
	TO B	19a. INFORMANT'S NAME (Type/Print) ANNE M. BULI	ANO	198							URT,			21144 MARYLAND
BALTIMORE, ar death. Page 6 may be the funeral director, page wal.		20a. METHOD OF DISPOSITION  1 M Buriel 2 Cremation 3 R  4 Donation 5 Other (Specify)		20b. PLACE A cemetery, cree GLEN	metory or o	ther place)	MEM	ORI	AL I		994 G	LEN		NIE, MD.
BALTIMOR or death. Page 6 ma the funeral director, page.	10	21. SIGNATURE OF EUNERAL SERVICE	Cado	ms				OND		۵.	INGLE, S.W	- , GI	FUN EN	ERAL HOME, BURNIE, MD.
P.O. BOX 68760, and certificate be executed within 24 nours after tending physician and completely filled in by the all Hydiene prior to burial, cremation, or remove or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the diseases, shock, or heart failured in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second in the second i	a. COM  DUE TO  DUE TO  C.	use on each lina	DUENCE OF	feor								Approximate interval Between Onset and Death
RECORDS, w requires that the deat been signed by the atth or, of Health and Mental shows any Injury,	MEDICAL	PART II. Other algorificant condit	iona contributing to	death but not re	eaulting	in the un	darlyin	g cause	given in	Part I.	24a, WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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OF VITA PHYSICIAN: The this certificate h with the State [ rked, or item	HYSI	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2	ER/Outpatient 3 F INJURY Day, Year)	28b. TIM	4 🗆 Nun	ing Hom 28c. INJ		esidence	6 Other	(Specify) CRIBE HOW IN	JURY OC	CURED	
ATTENDING PHYS ECTOR: After this cs after death with	ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE	OF INJURY — At hor, etc. (Specify)		М	1 🗆 '	YES 2	□ NO		ATION (Street a	nd Number	or Rural R	oute Number,
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로 보는 도	COMPL	one) 2 MEDICAL EXAM	INER: On the basis of					leath occu	red at the	time, date		d due lo il	ne cause(a)	end manner se stated.
TO THE HOSPI TO THE FUNER De filed within IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF CERTI	Peleiser					0	2 Y	504		•	4-5-	
		30. NAME AND ADDRESS OF PERSON  Rubert T Pe	terson	600	127) (Type	sely	4	ve	Anı	rapo	lis n	ed	2140	01
		APR 0 8 195		AR'S SIGNATURE	whatel									

Row P & Man -

Item# 1,9b,10e,18,19b Per F.H. Film# G-710 04/08/94 R.M.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEDADTMENT OF HEALTH AND MENTAL HYCICAL

	1 - STATE REGISTRAR	OINIL OI II	CE				DEATH	MEN	REG. NO				
	t. DECEDENT'S NAME (First, Middle, Last) ERICH	Christon	her		BERG			2. D/	ATE OF DEATH	AY	WEAR	3. TIME OF DE	ATH
		~.	M		DERC	JEK				5	94	4:25	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or	Foreign
	217-29-8434	1X M 2   F	4	YRS.		ONI O	moons and.	Fe		1990		yland	
~	9a. FACILITY NAME (If not institution, give s	treet end number)		96. CITY, TOWN OR LOCATION Fallston TALSTON				EATH		9c. CO	UNTY OF D	EATH	
0	FALLSTON GENERAL	AL HOSP	ITAL	_	17	LS	<del>řőň</del>			HA	RFOI	RD COU	YIY
EC	10e. STATE 10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION								10d. INSIDE CI	ΓY
PIE	Pennsylvania Yo	ork Count	y									LIMITS?	NO S
AL	10e. STREET AND NUMBER	Laurel				10	. ZIP CODE			10g. Ci	TIZEN OF V	WHAT COUNTRY	
FUNERAL DIRECTOR	R.R.2, Box 237-C	Laural D	rive			1	7302			U.	S.A.		
5	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED		WAS DE	CENDENT OF HISPA				14. RACE	E American In	dlen,
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (Fig	st, Middle, Maiden	Sumama			
	Gary Charles Much	lberger					HAINT		nelle Cl	,	Fonco	n	
BE	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	S (Street	and Number or Rurel	Boute N	lumber City or Tow	m State 7	in Codel		
2	Gary Charles Much	lberger	R.	R.2,	Box	23	7-C Laur	al I	Drive, A	Airv	ille,	Pa. 17	7302
	20e, METHOD OF DISPOSITION 12 Burial 2 Cremetion 3 Ram	ound form State	20b. PLACE	ND DATE	OF DISPOS	ITION (N	ame of		ATE 20c. LO	CATION -	- City or To	wn, State	
	4 Donetion 5 Other (Specify)	Oval from State	Stewar	tstc	wn C	emet	ery	4/	/9 Stev	wart	stown	, Pa.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1				ND ADDRESS OF F		T				
	1 Matthew	m. ht	us ha		64	ии ( 15 і	C. Mille Belair R	r, .	INC.	2220	Max	reland 1	22206
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentielly list conditione, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO	VG (OR AS A CONSEC (OR AS A CONSEC (OR AS A CONSEC	DUENCE O	F):							Onset s	nd Dsath
PHYSICIAN: MEDICAL (	PART II. Other significant condition	s contributing to	death but not r	eculting	in the un	derlyin	g cause given in	Part i.	24e. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY AVAILABLE PRIO COMPLETION OF OF DEATH?	R TO
Σ						· · ·						1 YES 2	NO NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 P	LACE OF DEATH (C)	back ort	( 000)				
<u> </u>	EXAMINER?	HOSPITAL:	X FB/Outpastane a	□ D04	OTHER	3:							
Ĕ	27. MANNER OF DEATH	28e. DATE OF	INJURY	26b. TIN	E OF		IURY AT		ther (Specify) DESCRIBE HOW I	NJURY O	CURED	4	
	1 Netural 5 Pending	(Month, D	ay, Year) 5/1994		JURY		PRK?		6UMD			41104	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY - At ho					26t. L	OCATION (Street	end Numb			
COMPLETED	4 Homicide determined	building,	atc. (Specify)	Т Н	OME				Otty or Town, State)	BOX	234	LRYLL	LE,
٦	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To lhe best of	my knowledge, de	ath occurr	ed at the t	ime, dete	end place, end du					CILIN	I V .
5												and manner as	atsted.
	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner se stated.  290. SIGNATURE AND TITLE OF CERTIFIER  290. DATE SIGNED (Month, Day, West)												
BE	Wagne bre Shell O.C.M.E ▶ APRIL 6,1994												
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	Margarita Korell M.D. 111 Penn Street, Baltimore, Maryland 21201												
	31. DATE FILED (MORITH, Day, 1601)  32. REGISTRAR'S SIGNATURE  Ficha Buildon Pandare												

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within solutions after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	REGIS	S
	1. DECEDEN	C
	E	l
ľ	4. SOCIAL	S
	213-1	L
ľ	9a. FACILIT	γ
	Goo	
l	RESIDE	4
ı	10a. STATE	
	Mary.	1
ľ	10e. STREET	Т
I	383	c

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF M		) / DEPAR			EALTH AND I	MENT	TAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DA	TE OF DEATH			3. TIME OF DEATH	
	EUGENEALV	IN PAL	ARD;	7				Mo	APRIL	S I	YEAR 94	12:15 Am	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER		IF UNDER 24 HRS.		TE OF BIRTH		8. BIRTHPLACE (State or Foreign Country)		
4	213-14-2219	1 M 2   F	71	YRS.	MONTHS	DAYS	HOURS MIN.	5-	onth, Day, Year) -19-22			yland	
_	9a. FACILITY NAME (If not institution, give st	•			1		R LOCATION OF DE	EATH		9c. COL	INTY OF D	EATH	
2	Good Samaritan H	ospital			E	Balt:	Lmore						
EC	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (	OR LOCAT	ION					10d. INSIDE CITY	
DIRECTOR	Maryland Har	ford		Al	oingo	lon						LIMITS?	
										10g. CIT	IZEN OF V	VHAT COUNTRY?	
FUNERAL	3839 B Memory La							S.A.					
3	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1					NIC ORK	GIN? (Specify Ye	or No-	14. RACE	E — American Indian,		
8Y F	1 Never Married 2 Merried 3 Widowed 4 Divorced	∐NO	NO If yes, specify Cuban, Mexicent 1 YES 2 NO Specify.				to Rican, etc.)		Speci Whi	k, White, etc.			
		IF YES, GIVE W			1_							.te	
2	15. DECEDENT'S EDUC (Specify only highest grade	completed)		Give kind of life. Do NOT us	work done	during mo	N st of working	1	166. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) 8 yrs	College (1-4 or 5+	· .	Lay or		ın			Sheet	Metai	1		
ŏ O	17. FATHER'S NAME (First, Middle, Lest)						16. MOTHER'S NA	ME (First					
	Howard	Pala	rdy				Franc		n, micros, maican	Mul	ler		
BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street e	nd Number or Rural I	Floute No	umber, City or Tow				
임	Mary H. Palardy			3839	В Ме	mory	Lane Al	bing	gdon, M	d. 2	1009		
	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Remo	uml loom State		CE AND DATE			me of	D	ATE 20c. LC	CATION -	City or To	wn, State	
	4 Donation 5 Other (Specify)	Wal Holl State	Dul	aney V	alle	y		4-	-7 Tim	oniur	n, Mo	i.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-				D ADDRESS OF FA		2 77		_		
- 1	16-1	1/_			1 1	050	Towson I York Rd.	Tune	eral Ho	me, .	inc.		
L CERTIFICATION	ahock, or heart feliure. I  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST  PART II. Other significant conditions	vh a		Part I.	24a, WAS AND	AUTOPSY	24b	intervei Batween Onset and Death  Ag day  G day  WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICA	thy purterna			<i>W</i>					PERFOI	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only	one)				
2	1 YES 2 NO	1 Impatient 2			4 🗆 Nun	sing Hom	e 5 🗆 Residence						
	1 Natural 5 Pending	28e. DATE OF (Month, Da		26b. TIM	IE OF JURY M		URY AT RK? 'ES 2 NO	26d. C	DESCRIBE HOW	NJURY OC	CURED		
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE Of building,	F INJURY — A	t home, farm,	street, lect	lory, office		261. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)					
	29a. CERTIFIER	OLANA To the friend of			DE BESS								
M M	(Check only one) 2 MEDICAL EXAMINE											) and manner or stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER			/					prace, er				
H H	(X)n_		11	5	M. 1	D.	P - C		08	29d. DA1	4 nm	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (	ITEM 27) (Type							-	-1,,,,	
	MARUE JEW	T. MA		UBBE	) . _I	60	m SA1	MA	MTAN	1 1+0	15/21	TAL	
	APR 08 1994	Julie &	WILLOW	Pandell									

DHMH-16 Rev 1/89

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AI	ND MENT	AL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) NAOMI	PUI	RNELL	2. DAT MOT API		YEAR 94	3. TIME OF DEATH 9:07		
	4. SOCIAL SECURITY NUMBER  217-22-5856  9a. FACILITY NAME (If not institution, give st	5. SEX  6. AGE (In yrs. last birthday)  1 M 2 X F  . 7 YRS.	IF UNDER 1 YEAR IF UNDER 24	HRS. 7. DAT	TE OF BIRTH WITH, Day, Year)	8. BIRTH Countr	MA.		
98. FACILITY NAME (IT not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 99. COUNTY OF OEA  1510 MOSHER STREET APT. #2-U BALTIMORE CITY  RESIDENCE OF DECEDENT									
DIRE	10a. STATE 10b. COUNTY		or Hemore				10d, INSIDE CITY LIMITS? 1 X YES 2 NO		
VERAL	3209 Poy	W. Hosher State	10f. ZIP CODE	21217	10g. (	US I	WHAT COUNTRY?		
BY FUNI	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF N If yes, specify Cuban, N 1 YES 2 NO	IISPANIC ORIC fexican, Puart Specify:	GIN? (Specify Yes or No- to Ricen, etc.)	- 14. RACI Black	E — American Indian, k, White, atc.		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5 +)  (Give kind of life. Do NOT u	S USUAL OCCUPATION work done during most of working ise retired.)  Mestic	1	6b. KIND OF BUSINESS/	INDUSTRY			
ш	17. FATNER'S NAME (First, Middle, Lest)	Purnell		ane (First	t, Middle, Meiden Surnam	iis			
TO B	19a. INFORMANT'S NAME (Type/Print)	Byrd 32	AODRESS (Street and Number or	0	Imber, City or Town, State,	Zip Code)	71707		
	20a. METNOD OF DISPOSITION  1 Seuriat 2 Cremation 3 Rame 4 Denation 5 Other (Specify)	20b, PLACE AND DATE	OF DISPOSITION (Name of other place)	0/	ATE 20c. LOCATION	- City or To	wn, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC		James P	OF FACILITY	rton + Si St. Balto.		21217		
	immediate cause (Final	complications that caused the death. Do List only one cause on each line.  a. Arteriosclerotic  DUE TO (OR AS A CONSEQUENCE O	c Cardiovasc			arreat,	Approximat Interval Bet Onset and		
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE C							
MEDICAL CERTI	PART II. Other aignificent condition	a contributing to deeth but not resulting	In the underlying cause give	en in Part i.	PERFORMED?		. WERE AUTOPSY FING AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?		
					Inquiry		1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT						
РНУ	1 XES 2 NO  27. MANNER OF DEATH  XX Natural 5 Pending	1   Inpatient 2   ER/Outpetient 3   DOA   28a. DATE OF INJURY (Month, Day, Year)   28b. Till (N	ME OF 28c. INJURY AT WORK?  M 1 YES 2 N	28d. D	e 6 ☐ Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)		28f. LG	OCATION (Street and Num ity or Town, State)	nber or Rural I	Route Number,		
COMPLET		CIAN: To the best of my knowledge, death occur R: On the basis of examination and/or investigati					i) and manner as stat		
TO BE C	UGNATURE AND TITLE OF CERTIFIES	101	29c. LICENSE NUMBER O. C. M. E  29d. DATE SIG						
F	Margarita Korel	o completed cause of Death atem 27 (70)	sh Street, B	altim	ore, Mar	ylan	21201		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		100					

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be totalined by the hospital or attending physician.	nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	lied in by the funeral director, page 5 should be detached for use as the burial-transit permit , or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	s medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (Fin	st, Middle, Lest)								DATE OF DEATH		YEAR	3. TIME OF DEATH	
George		Ph	illips					A	pril 0	8:15 A. M			
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HF	RS. 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
214-26-64		1X M 2 F	66	YRS.			THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	10	ct. 11,	1927	7 New York		
9e. FACILITY NAME (If not	150	11 11 11 11		9b. CITY, TOWN OR LOCATION OF DE						DEATH			
208 Cran RESIDENCE OF DE 10e. STATE Maryland		Road		Cockeysville				Le		ore			
10a. STATE	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION					10d. INSIDE				
Maryland	Bal	ltimore		Cockeysville							LIMITS?		
10e. STREET AND NUMBE	R			101. ZIP CODE						WHAT COUNTRY?			
208 Cran	brook E	Road		2103				030					
10e. STREET AND NUMBE  208 Cran  11. MARITAL STATUS  1 Never Merried 2 ( 3 Widowed 4 De			X YES 2 1	VER IN U.S. ARMED  13. WAS DECENDENT OF HISPANI 14 yes, specify Cuban, Mexican				exican, Pu		or No—	14. RAC Blac Spec	E — American indien, k, White, etc. #//: White	
15. DE (Specify o	CEDENT'S EDU	CATION completed)	16e. DE	CEDENT'S	USUAL O	CCUPATIO	ON ast of working		16b. KIND OF BUS	BINESS/INC	DUSTRY		
	Elementary/Secondery (0-12) College (1-4 or 5+)												
		5+	S	choo1	Tea	che	r		Educ	catio	n		
	Middle, Lest)								First, Middle, Meiden				
Peter			Phillip:				Bessi					akus	
Mrs. Bessi		line	-19						Number City or Town		,	21020	
mis. Bessi		*											
20a. METHOD OF DISPOSI 1A Burlel 2 Cremet 4 Donation 6 Other	ion 3 Rem	oval from State	cemetery, cre	ematory or o	ther place)	Mor	n.Grdns	r.	7, 1994 LO	t mon i	City or To	Maryland	
21. SIGNATURE OF FUNER		ÇENSEE	Dulane	ey va	22.	NAME A	ND ADDRESS O	F FACILIT	TY				
Martin	00	Ewson			I	emm	on-Mitc	he1	l-Wiedefe	-			
											_	21093	
Martin D. Lawson  10 W. Padonia Rd., Timonium, MD 2.  23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, immediate cause or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										i gyan			
	That initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1 YES 2 NO  OF D									WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO			
25. WAS CASE REFERRED	TO MEDICAL					26 PI	ACE OF DEATH	L/Chack c	nah one)				
EXAMINER?		HOSPITAL:	ER/Outpatient 3	D DOA	OTHE	R:	1		Other (Specify)				
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b, TIM		28c. INJ	URY AT	-	d. DESCRIBE HOW I	NJURY OC	JURY OCCURED		
Natural 5 2 Accident	Pending Investigation	(Moran, p	wy, rear)	IN.	M	-	PRK? YES 2 NO	,					
3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, larm,	street, lect	lory, offic	•	281	LOCATION (Street a City or Town, State)		or Rural	Route Number,	
one) 2 ME	DICAL EXAMINE						leath occured at	t the time	, date end place, an	d due to th	ne ceuse(	a) end manner es stated.	
29c. LICENSE NUMBER 1/32 72 29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)													
Robert E. Stoner, M.D. 120 Sister Pierre Drive, Towson, Maryland 21204													
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE													
APR 0.8 1994													
111111111111111111111111111111111111111	APK U 0 1994												

9c. COUNTY OF DEATH

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

na

USA

14. RACE - American Indian, Black, White, etc.

Black

10g. CITIZEN OF WHAT COUNTRY?

10d. INSIDE CITY 1 YES 2 NO

0100 AM

	REGISTRAN		EKIIPICA	AIE UF	DEALH		REG. NO	O			
	1. DECEDENT'S NAME (First, Middle, Last) BABY BABY BOY	BOY P BURNE	URNELI	L		MONT	OF DEATH	3-21-	94 YEAR		
	4. SOCIAL SECURITY NUMBER  5. SEX  1  M 2	6. AGE (In yrs. la	st birthday) _#	UNDER 1 YEAR	F UNDER 24 HRS.		OF BIRTH h, Day, Year)	1 4	8. BIA		
СТОВ	90. FACILITY NAME (If not institution, give street end number  University Hospita RESIDENCE OF DECEDENT		96.		timore	EATH		9c. COUN	ITY OF		
III	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TION				-		
DIR.	Maryland na		Bal	timor							
ERAL	10e. STREET AND NUMBER			10	I. ZIP CODE						
BY FUNE	1 Never Married 2 Merried FORCES?	DENT EVER IN U.S. AF 1 YES 2 VE WAR OR DATES		If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	en, Puerto I	I? (Specify W Rican, etc.)	es or No—	14. R/ BI S¢		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4)	(C	ECEDENT'S USU Give kind of work b. Do NOT use ret	done during mi	ON sst of working	16b.	KIND OF BI	USINESS/IND	USTRY		
O.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, I	Middle, Maide	n Surneme)	-		
BE C					Felic	cia	Purr	nell			
	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural		ber, City or To	wn, State, Zip	Code)		
	Felicia Purnell  20s. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Removal from State  Constant Other (Specify) n 6 tate	20b. PLACE	AND DATE OF DI	SPOSITION (N	vale St	DATI	E 20c. L	OCATION — (	City or		
/		ald Wade			ND ADDRESS OF FA			eAna alto,			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.	E TO (OR AS A CONSE	OUENCE OF):	neturi	hy						
MEDICAL	PART II. Other aignificent conditions contributing	g to death but not	resulting in th	ne underlyin	g csuse given in	Pert i.	24a. WAS AI PERFO 1 YES	PRMED?	2		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1 No inpution	2 C ER/Outpatient 3		HER:	LACE OF DEATH (Co				-		
ВУ РНУ	1 Natural 5 Pending (Mon	E OF INJURY Ith, Day, Year)	lent 3 DOA 4 Nursing Home 5 Residence  26b. TIME OF NORK?  M 1 YES 2 NO				28d. DESCRIBE HOW INJURY OCCURED				
LETED	4 Homicide determined	CE OF INJURY At he fing, etc. (Specify)				City	or Town, State				
COMPLET	(Check only 2 CENTIFTING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as state one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the										
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE:										

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GREENE

T. LORCH

APR 8 - 1994

31. DATE FILED (Month, Day, Year)

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE

Middle, Maiden Surneme) Purnel1 nber, City or Town, State, Zip Code) 20c. LOCATION — City or Town, State StateAnatomy Board St, Balto, MD21201 rdiec or respiratory arrest, Approximats Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 10 1 | YES 2 | NO er (Specify) SCRIBE HOW INJURY OCCURED CATION (Street and Number or Rural Route Number, y or Town, State) nation end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 121/94 55

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the buriat-transit permit. Pages 1. 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the

		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIENE		
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH			
		Minnie On	na Qu	illen			April 3,	1994	8 P. M
		4. SOCIAL SECURITY NUMBER			IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	HPLACE (State or Foreign
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physician. burial-transit permit. Pages 1.		Md. Car	roll	\$ 5	Sykesvi.	lle			1 YES 2 NO
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	FUN	1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Maxicai	IC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	or No- 14. RAC Blac	E — American Indian, ck, White, etc.
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be retained by the hospital or attending physician. ge 5 should be detached for use as the burlat-trar e notified at once.		15. DECEDENT'S EOU (Specify only highest grade	ICATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION NO MORE	ON of working	16b. KIND OF BUSI	NESS/INOUSTRY	WILL CO
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Deg 2	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	ick only one)		
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NG PHYS frer this eath with	BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
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L OR ATTENDING P. DIRECTOR: After the hours after death item 28 is mark	E	290. CERTIFJER							
TAL C	COMPL	(Check pnly   W CENTIFYING PHYS	ICIAN: To the best of my know						
FUNERAL WITHIN 72	8		ER: On the beals of examination	nt and/or investigation,	in my opinion, a	eath occured at the			
五 年 3 6	BE	296. SIGN MUHE AND TITLE OF CURTIFIE	wife 1	10		29c. LICENSE NUM	BER	29d. DATE BIGHE	(Month, Day, Year)
AL RE	2	30. NAMEJANO AGORESS OF PERSON WI	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)	970 71	(0	1171	- [ [
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FIRE OF ALLENDING PRESIDENT THE ISM	EMAL DIRECTOR: After this certificate has t	in 72 hours after death with the State Dept.
THEFT M., UR ALLENDING PHISICIAN: THE TAW REQUIRES THAT THE DEATH CERTIFICATE DE EXECUTED WITH	FLACEAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, it	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	REGISTRAR		CERTIF	ICATE OF	DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	RENT	NE			2. DATE OF DEATH		3. TIME OF DEATH	
ŀ	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Fore	
	218-80-0179	1 M 2 D F	28 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1	country) laryland	
_ [	9a. FACILITY NAME (If not institution, give				OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
DIRECTOR	Francis Scott Ke	ey Medical Ce	enter	Baltin	nore City		BA	LTIMORE	
8	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR			Y, TOWN OR LOCA	TION			10d, INSIDE CITY	
				Itimore City				1 X YES 2 N	
FUNERAL	3016 N. Calvert	<b>C</b> +		10	21218			OF WHAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		IC ORIGIN? (Specify Ye		. S . A . RACE — American Indian	
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	pecify Cuban, Maxican, Puerto Rican, etc.)			Black, White, atc.  Specify:	
) BY	3 Widowed 4 Divorced							White	
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PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 5 +		tic Biol	onist	Molecu	lar To	ol,Inc.	
COMPL	17. FATHER'S NAME (First, Middle, Last)	-	delle	CIC DIOI	1	ME (First, Middle, Maider		01,1110.	
ш	Gerald T.	Rendle			Hazel	М.	R	athel	
0 8	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tox			
	Mr. Gerald T. Re	ndle	5555	Ben Da	vis Rd.	Pittsvill	e,Md.	21850	
	20a. METHOD OF DISPOSITION  1 M Burial 2 Cremetion 3 Ref		b. PLACE AND DATE of metery, cremelory or o	ther place)				or Town, Stata	
	Dulaney Valley 4-9-94 Timonium, MD								
	Baltimore, MD 21214								
	Your L. Hauterchijg Leonard J. Ruck, Inc. 5305 Harford Rd.								
	23. PART I. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Batv								
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)					Onset and			
	oue TO (OR AS A CONSEQUENCE OF):								
Z	- HYDROCEPHALUS								
ERTIFICATION	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):								
걸	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
E	that initiated events resulting in death) LAST								
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MEDICA		1 _ YES 2 _ NO					OF DEATH?		
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A	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Che	ck only one)			
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2  NO								
РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY	RY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED				EO		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	3 9 94	OND DIN, YORK?  M 1 YES 2 NO						
127	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	4 Homicide detarmined								
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ETED	(Check only	SICIAN: To the bast of my know						ause(a) and manner as sta	
TED	(Check only	ER: On the basis of examination	on and/or investigation			time, date and place, a	nd due to the c	GNED (Month, Day, Year)	

RECORDS, P.O. BOX 68760,

		N C I I I I I I I I
	- 4	2

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 4 - 6 - 1994 3. TIME OF DEATH Manganet E. Rappold 4. SOCIAL SECHRITY HANDER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 12-7-1918 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 2713-10-6666 75 YRS. DAYS HOURE 1 M 2 K NE ManyLand 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samaritan Hosp. Baltimore Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. ⇟ Baltimore 1 X YES 2 NO permit. 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 28 N. Potomac St. use as the burial-transit 21224 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried It yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify: White Specify: 3 XWidowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only (Give kind of work done dur life. Do NOT use retired.) HOMEMARE.R funeral director, page 5 should be detached for Elemantary/Secondary (0-12) College (1-4 or 5+) Home once, 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME /First Miridle Meiden Surname) F John Koester Dona Besslino 'n notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or GeorgesNovotnu be 20e. METHOD OF DISPOSITION

1 DOBuriel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 4 Donation 5 Other (Specify) Faith andens Baltimore, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NAME AND ADDRESS OF FACILITY Hantley Millen Funeral Home 7527 Hanford Rd. Balto.,Md. urs after death. n by the free removal. 21234 medicai Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, filled in by Approximata ahock, or heart failure. Liet only one cause on each line. Interval Between n and completely filled i IMMEDIATE CAUSE (Final Onset and Death the disease or condition HOUR resulting in deeth) traumatic event, requires that the death certificate be executed with then signed by the attending physician and complet it of Health and Mental Hygiene prior to burial, cren Se HOUR DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, CERTIFICATIO If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury HOUR other 1 DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in deeth) LAST 9 PART II. Other algoliticent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERF AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? reasion shows any 1 TYES 2 WHO 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL: OTHER 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural OR ATTENDING PA DIRECTOR, After th hours after death v BY 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 蚜 8 Could not be COMPLETED 4 Homicide 82 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner ea stated. HOSPITAL FUNERAL F TO THE HOSPITA TO THE FUNERA De Sied within 72 IMPORTANT. II of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner ee stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Afonth, Day, Year) BE 2 30. NAME AND ADDRESS OF MISSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FREDRIC HOLABIRA AVE. BALTO MD, ZIZZZ MID. 7151 31. DATE FILED (MONTH, Day, Year)
APR 0.8 1994 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should nours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las	0	CERTIFIC	AIE UF	DEATH	2 DATE	REG. N	0.		3. TIME OF OEATH
MARGARET	,	SI	MOLINS	KI	MONT	H	O.G	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	06	9.4 B. BIRTH	11:43  IPLACE (State or Foreign
218188696	1 M 2 F	71 YRS. M	ONTHS DAYS	HOURS MIN.		h, Day, Year)		Count	γ)
9a. FACILITY NAME (If not Institution, give	street and number)	-	b. CITY, TOWN (	OR LOCATION OF D		/10/2	9c. COUNT		RYLAND EATH
UNION MEMORIA	L HOSPITAL	1	BALTIM	ORE CI	TY				
RESIDENCE OF DECEDENT									
10a. STATE 10b. COUN		10c. CITY, 1	TOWN OR LOCAT	TION					10d. INSIDE CITY LIMITS?
	LTIMORE		BA	LTIMORE					1 TYES 2 NO
10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZI	EN OF V	VHAT COUNTRY?
4332 SHELDON AVE				21206			US	A	
11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO		ENDENT OF HISPA ecify Cuban, Maxic			fea or No-		E — American Indian, k, Whita, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR O	DATES	1 TYES	2 NO Speci		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Spec	My:
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(Specify only highest gra	de completed)	16a. DECEOENT'S US (Give kind of work life. Do NOT use of	k done durina ma	on st of working	161	. KING OF E	USINESS/INDU	STRY	
Elementary/Secondary (0-12)	Collège (1-4 or 5+)		,				HOMEMAI	משו	
7. FATHER'S NAME (First, Middle, Last)		HOMEMAR	LEAK	40 MOTUFAIR	AME (E)			71:17	
FRANK AUGUSTYNIAI	Z			18. MOTHER'S N.					
Sa. INFORMANT'S NAME (Type/Print)		400 444 MM **	ODECO (C.	MARY					
	r			nd Number or Rural					
LEONARD SMOLINSK			SHELD			IORE,		1206	
Burial 2 ☐ Cremation 3 ☐ III		b. PLACE AND DATE OF I metery, crematory or other		ime of	DAT		OCATION — C		
Donation 5 Other (Specify)	venher /	PARKWO	OD		4/	11 1	BALTIM	JRE,	MD
. / 1-/10	77/			OH/ROSED		כויםותו זים	און נו	7	
(m 44			0 1/1	1211CHE				ù	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):							
that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
PART II. Other significent condition	ons contributing to death	but not resulting in	the underlyin	g cause given in	Part I.		NA AUTOPSY ORMED? 2 D NO	245	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		26. PI	ACE OF DEATH (C	hack ank o	nel .	-0017		
EXAMINER?	HOSPITAL:		THER:						
7. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME (		URY AT	_		V INJURY OCCU	IRED	
1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WC	YES 2 NO	200.00	TOTAL HOT			
2 Accident Investigation 3 Suicide 8 Could not b	28a PLACE OF INJUST	Y — At home, tarm, atre			28/ 10/	CATION (Steel	et and Number o	e Aural	Boute Number
4 Homicide 8 Could not b	building, atc. (Spe	ocify)	or, rectory, orne			or Town, Sta		- rufei i	TOUR PURINOST,
one) 2 MEDICAL EXAMI	/SICIAN: To the best of my known NER: On the bests of examinate			leath occured at the	e time, det		and dua to the	Cause(	
196. SIGNATURE AND TITLE OF CERTIF	11 1/ -	2		29c. LICENSE NU					(Movin, Day, Was)
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APR 08 1994	Julia Davidson	- Bande B.							

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	1 - STATE REGISTRAR	SIATE OF MARTLA		CATE OF DE		MENTA	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Sm	1774			2. DATE MONT	OF DEATH DAY	2 92	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 223-46-1999	5. SEX 6. AGE (In	yrs. lest birthday) YRS.	IF UNDER 1 YEAR IF I	MDER 24 HRS. JAS MIN.		OF BIRTH	21 .8	IRTHPLAGE (State or Foreign ountry)
RECTOR	96. FACILITY NAME (If not institution, give a HOWARD C	ounty Jen.	Hosp.	& Com Com	CATION OF D	EATH M	9.	L+OW	rand
DIREC	10a. STATE 10b. COUNTY	Howard	10c. CITY,	TOWN OR LOCATION	bio	~			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	6150 Fore	land Ga	rth #3	101. ZIP	CODE	15	10	2/S	OF WHAT COUNTRY?
5	11. MARITAL STATUS 1  Never Married 2  Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDE If you, specify 1 YES 2	Çuban, Maxic	en, Puerto	17 (Specify Yes or I Rican, atc.)	- 1	RACE — American Indian, Black, White, etc. Specify: BLK
PLETED	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of we life. Do NOT use		working	16b	. KIND OF BUSINE	SS/INDUSTR	RY
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Beck	1701	15e we	MOTHER'S N	AME (First, I	Middle, Melden Sum	ame)	Y
TO B	19a. INFORMANT'S NAME (Type/Print)	Pave	19b. MAILING /	DORESS (Street and No.	Imber or Rural	Route Num	ber, City or Town, St	era, Zip Code	20794
	20a, METHOD OF DISPOSITION 1 Method 2 Cremetion 3 Remote Proceedings of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of the Communication of	oval from Stats cemel	ery, crematory or oth		ial Pl	1. 2/A	E 20c. LOCATI	ON - City of	or Town, State
-	Address /	n. Cerle	are	SYOS C	w. Dr	das ?	allace en sp	tun	eval Sluke
	23. PART I. Enter the disease, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	the deeth. Do not the line.	t enter the mode o	dyling, euc	ch ee car	diec or reepirato	ry erreet,	Approximate Interval Betwee Onset end Dec
NO	Sequentially list conditions,	Ventruel	in to	Lycmoun	-				Junual
FICATION	It erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C		J			11/4		
CERTIFIC	resulting in death) LAST		Introduction Co. Establish						
MEDICAL	PART II. Other significent condition	e contributing to deeth but	t not resulting in	the underlying cerestern	use given in	Part I.	24a. WAS AN AUT PERFORMED 1 YES 2	)?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (C)	heck only or	ne)		
Sic	1 YES 2 NO	HOSPITAL:		OTHER:  United States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the States of the S	☐ Residence	8 🗆 Othe	er (Specify)		
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU			28d. DE	SCRIBE HOW INJUI	RY OCCURE	D
0	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY - building, atc. (Specify	- At home, farm, st	reet, factory, office		28f. LOC City	ATION (Street and It or Town, State)	lumber or Ru	ral Route Number,
COMPLETE		CIAN: To the best of my knowled R: On the basis of examination							use(a) and manner as at-td
8	29h SIGNATURE AND TITLE OF CERTIFIER				LICENSE NU				NED (Month, Day, Year)

LETPO CAUSE OF DEATH (ITEM 27) (Typo, Print)

31. DATE FILED (Month, Day, Year)
APR 0 8 1994

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10 Injury. CERTIFICATION

PHYSICIAN: MEDICAL

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COMPLETED

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25. WAS CASE REFERRED TO MEDICAL

5 Pending

1 YES 2 NO

27. MANNER OF DEATH

1 Natural

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within from shar death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH JOSEPHINE SMETH 3. TIME OF DEATH n35 sep 2 Apr 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 M 2 F DAYS 95 213-12-6283 01-29-1899 NORTH CAROLINA 6a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOSEPH RICHEY HOSPICE Baltimore DIRECTOR CITY NONE RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE CITY 1- YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 501 E. PRESTON STREET APT 216 21202 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerlo Rican, etc.) 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced AFRICAN AMERICAN COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY BALTIMORE CITY PUBLIC nentary/Secondary (0-12) College (1-4 or 5+) CAFETERIAHELPER 6th none SCHOOL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JEFFERSON** WILLIAMS LUVENIA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROSALIE WILLIAMS 2744 E. BIDDLE ST. BALTIMORE, MD. 21213 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE ARBUTUS MEMORIAL PARK. 4 Donation 6 Other (Specify) 4/12/94 BALTIMORE, MARYLAND 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO MD. 21213 23. PART I. Enter the diseases, or complications that classed the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on sech line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Kespinat 00 Sequentially list conditions, DUE TO OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING lotastasis 2mos CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE QF): that initiated events resulting in death) LAST SUVS 6 re moma PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO **COMPLETION OF CAUSE** 1 YES 2 NO 1 YES 2 NO

26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Realdence 6 | Other (Specify)

28d. OESCRIBE HOW INJURY

1 YES 2 NO investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town: State) 3 Suicide 6 Could not be determined 4 Homicide

28b. TIME OF INJURY

29s. CERTIFIER

(Chack and ) CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER

29c. LICENSE NUMBER

28c. INJURY AT WORK?

un 50

1 | Inpetient 2 | ER/Outpetient 3 | DOA

28s. DATE OF INJURY (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Robert

HOSPITAL

Mi APR 0 8 1994

29d. DATE SIGNED (Month, Day, Year)

4-6-94

Hospica

DHMH-16 Rev 1/89

D. BOX 68760, BALTIMORE, MARYLAND 21215-0020 intificate be executed within fours after death. Page 6 may be retained by the hospital or attending physicial

DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely writin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem?

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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
	GRACE		SPEN	CFD				MONTH D	AY T	YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7, DATE OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	220-28-2581	1 🗆 M 2 💢 F	64	YRS.	HONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 12-17-1	929	Country	GA
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCAT	ION OF DE			INTY OF DE	ATH
E C	1621 ASHBURT	ON STRE	EET								
DIRECTOR	RESIDENCE OF DECEDENT										
H	10a. STATE 10b. COUNT	TY			TOWN OR LOCAT	TION					10d. INSIDE CITY
				1	SALTO						1 YES 2 NO
NA NA	100. STREET AND NUMBER				10	f. ZIP CO			10g. CIT		HAT COUNTRY?
FUNERAL	1621 ASHBUR					21	217			U.	S.A.
15	11. MARITAL STATUS  1 Never Married 2 Merried		TEVER IN U.S. AR		13. WAS DEC	CENDENT Hocify Cub	OF HISPAN	IIC ORIGIN? (Specify Yes	s or No-	14. RACE Black	- American Indian, White, atc.
₽	3 Widowed Married 2 merries		MAR OR DATES		1 🗆 YES	2 X NO	Specify	r.			BLACK
	15. DECEDENT'S EDI (Specify only highest grad		16a. DE	CEDENT'S U	SUAL OCCUPATION done during mo	ON work	ina	16b. KIND OF BU	SINESS/IN	DUSTRY	
l Lij	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT use	retired.)	AST OF WORK	ing				
4 5	4TH			UNK	NOWN						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOT	THER'S NA	ME (First, Middle, Maiden	Sumame)		
E H	JAMES HUGHE	ES					MA	Y HAYNI	ES		
TO B	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILINO A	ADDRESS (Street a	and Numbe	or or Rural F	Route Number, City or Tow	rn, State, Zi	(p Code)	
EF	THELMA ROSE	2		2819	W. NO	DRTH	AV	E BALTO,	MD	212	16
5	20e. METHOD OF DISPOSITION UNBuriel 2 Cremation 3 Ren	novel from State			DISPOSITION (No			DATE 20c, LC	CATION -	City or Tov	vn, State
Ē	Donation 6 🗆 Other (Specify)		ARB	UTUS	MEMORI	CAL	PK	4694 A	rbut	us, M	d
	21. SIONATURE OF FUNERAL SERVICE L	ICENSEE	1	12	22. NAME A	ND ADDR	ESS OF FAC	CILITY			
exa	23. PART I. Enter the diseases, or	D. 2.C	Van	2				-WEST 43			SH AVE
CERTIFICATION  TO BE COM	Sequentially list conditions, if any, lauding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Due to	OF AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS A CONSECUTION AS	QUENCE OF	Dy	El	W	lexsi	17	2	
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IAN:	25. WAS CASE REFERRED TO MEDICAL			_	26. PI	LACE OF	DEATH /Ch	eck only one)	_		
YSICI/	EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3		OTHER:			8 Other (Specify)			
5   ≥	27. MANNER OF DEATH	26e. DATE OF	FINJURY	28b. TIME	OF 28c. IN.	JURY AT		28d. DESCRIBE HOW I	INJURY OC	CURED	
0	1 Natural 6 Pending	(Month, L	Day, Year)	INJU	RY WC	PRK?	□ NO				
	2 Accident Investigation 3 Suicide & Could not be		OF INJURY Al ho	me, farm, st	reel, factory, offic			28f, LOCATION (Street	and Numbe	or or Runal R	oute Number.
9 2	4 Homicide 8 Could not be detarmined	building	, etc. (Specify)					City or Town, State	)		
E W	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the heat of	f my knowledge de	ath occurred	at the time date	and plan	a and due	to the cause(s) and me		444	
COMPL	(Check only one) 2 MEDICAL EXAMIN										and stanner as status.
TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIE	ER NO	Mm	N	10		2 9			TE SIGNED	/
	31. DATE FILED (Month, Day, Year)	DIXI	) N	15	ひりょ	Dil	115	10N	51		1 68
	APR 08 1994	Julia	AR'S SIGNATURE	ander							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

pospital or attending physician.	ched for use as the bunial-transit permit. Pages 1, 2, 3 should	ei ei
yours after death. Page 6 may be retained by the hospital or attending physician.	lifed in by the funeral director, page 5 should be det ation, or removal.	the medical examiner must be notified at on
SICIAN: The law requires that the death certificate be executed with	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 si with the State Debt. of Health and Mental Hypiene prior to bunial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TTO HE HISPITAL DR ATTENDING PHYSICIAN	THE FUNERAL DIRECTOR: After this certific	IMPORTANT: if item 28 is marked, or

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEAT	H REG. NO	).	
1. DECEDENT'S NAME (First, M	ANGELA	sc	HRAMM	2. DATE OF DEATH	1 994 YEAR	3. TIME OF DEATH 4:25 pm M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 2	HRS. 7. DATE OF BIRTH	a. Bit	RTHPLACE (State or Foreign
218-01-331	1 M 2 T F	86 YRS.	MONTHS DAYS HOURS	MIN. (Month, Day, Year) NOV. 1, 1		oland
9a. FACILITY NAME (If not instit			9b. CITY, TOWN OR LOCATION		9c. COUNTY O	F DEATH
Saint Joseph RESIDENCE OF DECE 100. STATE 11 Maryland 100. STREET AND NUMBER 305 East Joy 11. MARITAL STATUS			Towson, I	Maryland	Ba	ltimore
10a. STATE	DENT DE. COUNTY	10c. C/T	Y, TOWN OR LOCATION			10d. INSIDE CITY
Maryland	Baltimore	To	wson			LIMITS?
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
305 East Jo	ppa Road Apt	. 1304	21286		Pola	ınd
11. MARITAL STATUS	FORGEROS 4	T EVER IN U.S. ARMED		HISPANIC ORIGIN? (Specify Ye Maxican, Puarto Rican, etc.)	a or No — 14. R	ACE — American Indian, lack, White, atc.
1 Never Merried 2 Ma 3 X Widowed 4 Divorce	IF YES GIVE Y	MR OR DATES	1 ☐ YES 2 🔀 NO			White
15. DECED	ENT'S EDUCATION ighest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BU	ISINESS/INDUSTR	
15. DECED (Specify only his Elementary/Secondary (0-12 4 Yrs.) 17. FATHER'S NAME (First, Middle)		ille. Do NOT u	work done during most of working se retired.)			
4 yrs.		Sales	Lady	Ben Fra	ankl <b>i</b> n S	tores
17. FATHER'S NAME (First, Midd				R'S NAME (First, Middle, Malder	Sumame)	
Andrew	Bocz			_	ajsarek	
198. INFORMANT'S NAME (Type			ADDRESS (Street and Number of			
Deborah M. A			d Elm Court OF DISPOSITION (Neme of		Maryla	
1 XBuriel 2 Cremetion 4 Donetion 5 Other (Sc	3 - Ramoval from State	complete prematers or a	ther pleas!			
21. SIGNATURE OF PUNERAL S		Gargens	Faith Cemet	OF FACILITY	veriea,	
1 . /	11	////	_ , _			1050 York Ro
22 DART I Enter the disc		anel.	RUCK TOWSO	n Funeral Hor	ne, Inc.	
shock, or hear	t fallure. List pniy one cau	pe on each line.	not enter the mode of dying	g, such aa cardiec or reap	iratory arrest,	Approximata interval Batwean
IMMEDIATE CAUSE (Final disease or condition	[					Onest and Death
resulting in death)		OR AS A CONSEQUENCE O				IMM.
	INFERIO	B MYOCARD	AL INFARCTION			
Sequentially list condition if any, leading to immedia	te DUE TO	(OR AS A CONSEQUENCE O	HEADONOIS			5 DAYS
Sequentially list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c Anieni		EART DISEASE			YRS
that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE O	F):			
	d					
PART ii. Other significant	conditiona contributing to	death but not resulting	in the underlying cause given			4b. WERE AUTOPSY FINDINGS
PART ii. Other significant HYPERTENSK	ONNC			PERFO 1   YES		AMAILABLE PRIOR TO COMPLETION OF CAUSE
CEREBROVA	SCULAR ACCIDI	ENT				DF DEATH?
25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:		26. PLACE OF DEA	ATH (Check only one)		
1 TES 2 NO	1 Inpetient 2	ER/Outpatient 3 🗆 DOA	4 ☐ Nursing Home 5 ☐ Real	dence S C Other (Specify)		
	28a. DATE OF (Month, D		JURY WORK?	28d. DEŞCRIBE HOW	INJURY OCCURED	
2 Accident Inv	estigation	F INJURY — At home, farm,	M 1 YES 2			
	uld not be building, armined	etc. (Specify)	attant, factory, offica	28f. LOCATION (Street City or Town, State		al Route Number,
29a. CERTIFIER (Check only	'ING PHYSICIAN: To the best of	my knowledge, death occurr	ed at the time, data and place, a	nd due to the cause(a) and ma	nner se stated.	
one) 2 MEDICA			on, in my opinion, death occured			e(s) and manner as stated.
		1500		SE NUMBER	29d. DATE SIGN	
	CERTIFIER				a commercial column	
Constitute and time of	5 Loune	and	D-0	05751	> 4-	4-94
SO, NAME AND ADDRESS OF P	ERSON WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (Type	. Print)		> 4-	4-94
SO, NAME AND ADDRESS OF P	ERSON WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (Typos JITE 104, 9101			MD 2123	4-94
SO, NAME AND ADDRESS OF P	ERSON WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (Type JITE 104, 9101 P'S SIGNATURE	. Print)		MD 2123	4-94

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, F.O. BOX 68760, BALLIMORE, MARTLAND 21215-0020	BALTIMORE, MARTLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	Yours after death. Page 6 may be retained by the hospital or attending physician,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	WILLIA	M T	rumbo	SMOOT						April 4,	1994	YEAR	м
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. les	t birthday)			IF UNDER		7. DATE OF BIRTH		6. BIRTI	HPLACE (State or Foreign
	219-26-5746		1 M 2 F	56	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) May 2, 19	937	Count	aryland
	Se. FACILITY NAME (If not in	nstitution, give :	street and number)			96. CITY	, TOWN	OR LOCATI	ON OF DE			NTY OF E	
OR O	921 Army		oad				To	wson			Ra	altin	nore
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	~		100 00	Y, TOWN							
188	Maryland		timore		10c. C11			TION					10d, INSIDE CITY LIMITS?
	10s. STREET AND NUMBER		rimore			TOM	son	f. ZIP COD	-				1 TYES 2 NO
RA	921 Arm		F				10	212			10g. CIT	U.S.	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	.7 1.040		NT EVER IN U.S. AR	MED	143	WA 6 DE			IIC ORIGIN? (Specify Yes			
	1¥XNever Married 2 □	Merried	FORCES?	YES 2 1	NO		If yes, sp	pecify Cube	n, Maxica	n, Puerto Rican, etc.)	or No-	Blac	E — American Indian, ik, White, etc.
B	3 Widowed 4 Divo	beard	IF YES, GIVE	Viet Na			T [ YES	2 💢 NO	Specify	<i>r</i>		Spec	www. White
COMPLETED	15. DEC	EDENT'S EDL	JCATION completed	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON ost of workli		16b. KIND OF BUS	SINESS/INC	DUSTRY	
I I	Elementary/Secondary (		College (t-4 or 5	life.	. Do NOT u	se retired.)			-	Human Re			5
MP			5	Pri	стра	ξT %	Dire	ector		Alex Bi	cown	Co.	
8	17. FATHER'S NAME (First, M									ME (First, Middle, Meiden	Sumame)		
8	l <u> </u>	larend	ce Smoot	, Jr.						eth Trumb			
2	19a. INFORMANT'S NAME (							and Number	r or Rural I	Route Number, City or Tow	n, State, Zip	Code)	
-	Thomas	Berry			Same								
	20a. METHOD OF DISPOSIT		noval from State	cemetery, cre H1111					4 6				own, State
	4 Donation 5 Other  21. SIGNATURE OF FUNERA		CENDEE	HIIIT	op s	7	_	ND ADDRE			son,		land 21204
	1 1 0	0		0	^				200				050 York Road
		lace	J- 1-1	0041	4.	1							owson,Md.212
~	23. PART I. Enter the d	iseeses, or	complications the	at caused the de	ath. Do	not enter	the mo	ode of dy	ing, suc	h as cerdiac or respi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (FI			_ /	,		1	$\bigcirc$					Onset and Death
	disease or condition resulting in death)	$\rightarrow$	Les	PIKator	4	ta	1/0	æ			~	)	
	1		QUE TO	(OR ALL A CONSE		//	. 1	_	TX	1 5	-//		
No	Sequentially list condit	Ilona,	Lec .	orrent		1955	IVE		FIE	eural C	THU:	SION	2
F	If any, leading to imme cause. Enter UNDERLY	diete	OUE IC	O (OR AS A CONSE	OUENCE O		1		nla	sses H	DI G	col	
윤	CAUSE (Disease or Injuthat initiated events		c. QUE TO	(OR AS A CONSE	OUENCE O	F):	U	ng.	jula	ases 1 10	901	0/1	nue
CERTIFICATION	resulting in death) LAS	т	ASI	Denoi.	1/101	na	->	()		/			
빙			0.	371	100								
A	PART-II. Other significa	ent condition	ns contributing to	death but not r	esulting	in the ur	derlyin	g cause (	given In	Part I. 24s. WAS AN PERFOR		344	MERE AUTOPSY FINDINGS AMALABLE PRIOR TO
MEDICAL	Cachenia	7	/ 6	11						1   YES 2	-		OF DEATH?
ME	Sylomag	alloui (	عال عال	tinitis						_			10 40/1/20
ä	detrovik	AL	- In	ect10	n								1917
CEA	25. WAS CASE REFERRED EXAMINERY?	O MEDICAL	HOSPITAL:		•	OTHE.		LACE OF D	EATH (Ch	one)			
Z S	1 VES 2 LAND			ER/Outpatient 3	NOG []	4 D Nur		ne 1 (12)	elidence	8 C Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	Pending	28e, DATE Of /Month.		25h, TM	AE OF JURY	284. IN.	JURY AT	LI WAR	28d. DESCRIBE HOW I	WINEA OC	CURED	
B		investigation		MA		-		ARR S	] NO		_		
	3 Suicide 6 4	Could not be determined	28e. PLACE of building	OF INJURY — At ho , etc. (Specdy)	me, term,	street, for	ary, attic 7	00		281, LOCATION (Street of City or Town, State)	ind Numbe	or Runi	Route Number,
E						MA							<u> </u>
AP.										to the cause(s) and man			
COMPLETED	2 MED	ICAL EXAMIN	ER: On the basis of	examination end/or	Investigation	on, in my	pinion,	death occur	red at the	time, date end place, an	d due to ti	he ceuse(	s) end menner as atated.
BE 0	2007 SIGNATURE AND TITLE	DF CERTIFIE	n N	V	1			29c. LIC	ENSE NUA	ABER / O	29d. DAT	E SIGNE	(Month, Day, Year)
0	James	4+0	un	/	_				200	1107	<b>•</b>	1/4	194
-	38. NAME AND ADDRESS O		1	ISE OF BEATH (ITE	М 27) (Туре	Pfint)	11	1		11/ 5	212	0	2
	555		Vewber	4 5/-	·	Y	2/4	ruel	e,	Md. C	-12	U.	7
	APR 0		St. HEGISTR		andell	-			•				
	711/0	0 1334	0	- Andrew - bl	whate a	6							

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retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be and completely filled in by the funeral director, of burial, cremation, or removal. law requires that the death certificate be

DIVISION OF VITAL RECORDS, P.O. BOX 68760

The

OR ATTENDING PHYSICIAN:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Standard BLANCHE SMITH 2. DATE OF DEATH 3. TIME OF DEATH Lilian APC: 1 1994 10:42 Am 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 06 - 03 -8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 212247852 1 🗆 M 2 🗗 🗗 MARYLAND 74 19 Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CITY HOSPITAL BALTIMORE SAMARITAN n/a DIRECTOR GOOD Pages 1, 2, 3 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE n/a YES 2 NO MARYKAND permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21239 4619 NORTHWOOD DRIVE UNITED STATES page 5 should be detached for use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indien, Black, Whita, etc. 1 Never Married 2 Merried 1 TES 2 NO Specify: Specify: BLACK BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementery/Secondary (0-12) College (1-4 or 5+) FOOD SERVICE WORKER BALTIMORE CITY SCHOOLS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LOUIS BANKS ADA BRANNOCK 7 BE 196. INFORMANT'S NAME (Type/Print)
M A R Y D O Z I E R notified 19b. MAILING ADDRESS (Street and Number 4021 ELMORA AVENUE, BALTIMORE, MD 21213 9 pe 20e. METHOD OF DISPOSITION

1XI Sourial 2 Cremetion 3 Ramoval from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must ARBUTOUS OMEMORIAL PARK 4-10 ARBUTUS, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C.MARCH FH.-1101 E. NORTH AVE. medical 23. PART I. Enter tha diseasea, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, Dr haart feliure. List only Dna ceuse Dn each lina. intarval Batwean **IMMEDIATE CAUSE (Final** Onsat and Death the disease or condition_ DUE TO (OR AS A CONSEQUENCE OF) 6 dys resulting in death) event, houric Bowels
DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, 2 if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician in Health and Mental Hygiene prior to Biventicular Heart DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese Dr injury other thet initiated evants resulting in death) LAST 0 injury, PART il. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Hypertension, Renal any MADIU COMPLETION OF CAUSE 1 YES 2 70 Hypo Hujoidisu OF DEATH? Shows 1 TES 2 NO been a PHYSICIAN: certificate has be h the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO Inpetiant 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Realdence 8 - Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c 28b. TIME DF INJURY 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Netural 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 COMPLETED 8 Could not be DIRECTOR: / 50 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end pieca, end due to the cause(e) and menner es stated, HOSPITAL FUNERAL E = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29d. DATE SIGNED (Month, Day, Year) 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 38 0 036 i bebodelin 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 Shippoddin Letigoth usinous

32 REGISTRAR'S SIGNATURE

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31. DATE FILED (Month, Day, Year)

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 6. AGE (In wrs 7. DATE OF BIRTH (Month, Day, Year last birthday IF UNDER 1 YEAR IF UNDER 24 HR 214-58-629 DAYS YRS 21-23 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF GEATN 9c. COUNTY OF DEATH DIRECTOR umms Baltimore RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE CITY 1 X YES 2 NO Dermit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 501 WEST FRANKLIN STREET . A retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TIMO IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yee, specify Cube

1 ☐ YES 2 ☑ NO 1 Never Married 2 Married BY Specify. Specify: 3 Widowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done during m life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A TRUCK DRIVER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE ( CHARLES ALSTON FLORENCE WRIGHT 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FLORENCE ALSTON (MOTHER) WALTON COURT(WEST PRESTON & MCCULLOH) Раде 6 may be 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must filled in by the funeral director. MOUNT ZION CEMETERY 4-9 HOLLINS FERRY RD examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY ours after death. W. NORTH AVE. BALTO. MD. 21217 medicai 23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such sa cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final **Onset and Death** and completely fille burial, cremation, the stage AIDS disease or condition event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF certificate be executed traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 2 attending physician prior CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atter PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? crypto corecal mening! апу Health a 1 TES 2 NO OF DEATH? Shows has been s Dept. of H 1 YES 2 10 110 PHYSICIAN: DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) DIRECTOR: After this certificate hours after death with the State HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 6 27. MANNEB-OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Acciden 3 Sulcide 25e. PLACE OF INJURY — At home, farm, street, factory, office building, str. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 8 Could not be COMPLETED 4 Homicide 28 Hem 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated. TO THE HOSPITAL D
TO THE FUNERAL DI
DE filed within 72 ho
IMPORTANT: If Ite 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(a) and men 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, M 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Baltinoire

MD 2120

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APR 0 8 1994

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with founds after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	with fours after death. Page 6 may be retained by the hospital or attending physicia pletely filled in by the funeral director, page 5 should be detached for use as the burial-tremation, or removal.  ent, the medical examiner must be notified at once.
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Pages 1, 2, 3 should

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Item 7, g-710, 4-13-94, per F.H., dr FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR SHERRUS THOMAS 9.55A 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 10-1 Country 1 M 2 W F 220-64-8995 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH hurch Home DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Bal+o 1 YES 2 NO d FUNERAL 10e. STREET AND NUMBER 10t ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4 21231 (0 G 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 M Married 1 TYES 2 NO Specify BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First Middle Last) Lester gurence 76 en BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 2 Vernon M Thomas Broad way e 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State
4 Donation S Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 200C e. h aur Ca B. 16, Md. 212/1 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death Centrorascular Accident 9 disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other algoriticent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 33 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 TYES 2 NO 1 1 Inpatient 2 ER/Outpatient 3 DOA irsing Home 5 - Rasidenca 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER HOWE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE WB NGOEL D-40521 7/94 OFFICER

HOSPITAL

BATTIMORE, MD

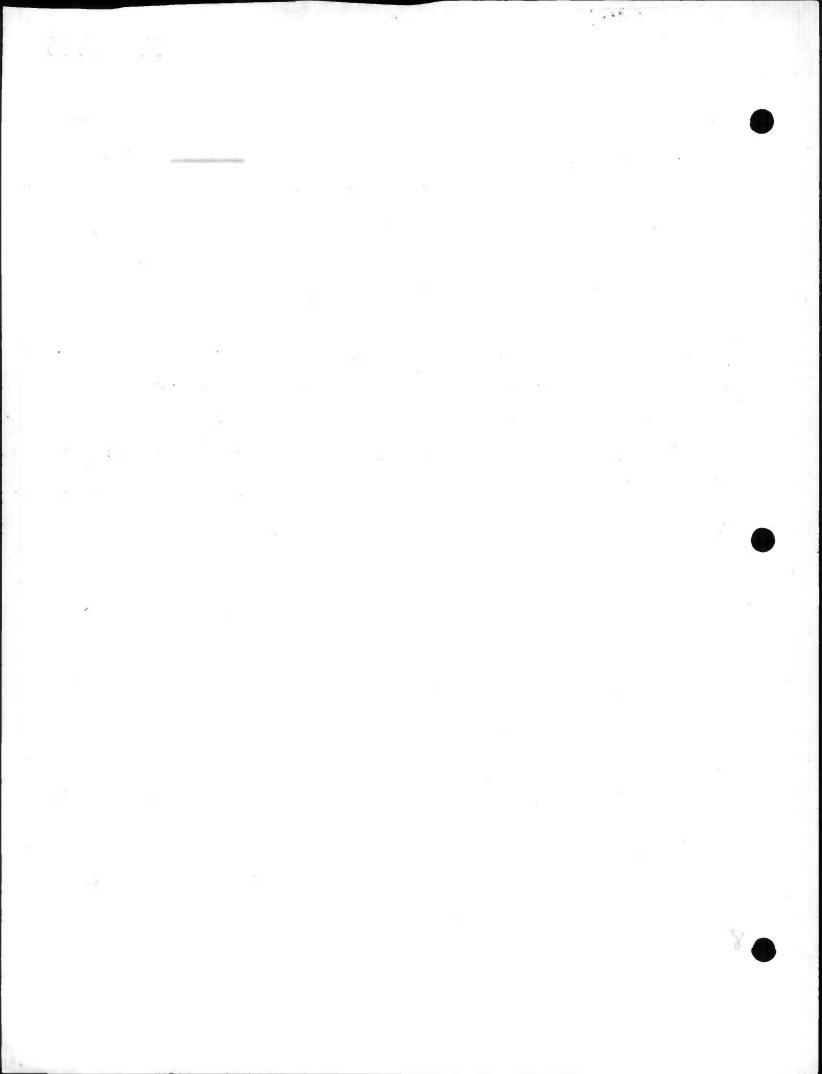
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27/17/DR. PHINI)

PL. O CHAN EY

100 N - BROAD WAY

12. REDISTRAR'S SIGNATURE

21231



ed in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should ars after death. Page 6 may be retained by the hospital or attending physician. WISIDN OF VITAL RECORDS, P.O. BOX 68760, O. BOX 68760, O. B. D. BOX 68760, O. B. D. BOX 68760, O. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D. B. D DIRECTOR: After this certificate has been signed by the attending physician and com

BALTIMORE, MARYLAND 21215-0020

ours after death. Page 6 may be retained by the hos	completely lifted in by the funeral director, page 5 should be detach	c event, the medical examiner must be notified at once.
TO THE HISTORY OF ATTACOME. THE law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 should be detached and signed by the funeral director, page 5 should be detached and signed by the funeral directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and directors and	The minimal of motival and man with the characteristic of means and mental man man of the contraction of minimal man the motified at once.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF					MENTA	L HYGIEN REG. NO			
t. DECEDENT'S NAME (First, Middle, Last)  David Michael		7701					MONT	of DEATH D 07-1		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-48-1885	A CELLULAR AND A COLUMN	46 YRS.	IF UNDER 1	DAYS	IF UNDER		7. DATE	of BIRTH		A DINTHE	polis, MI
99. FACILITY NAME (If not institution, give 371 Volley Cou			96. CITY, Arno	_	R LOCATIO	N OF DE	ATH	50		TY OF DE	rundel
371 Volley Couresidence of Decement 100. STATE 100. COUNT Anne	Arundel		ry, town or	R LOCAT	ION						10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
10e. STREET AND NUMBER 371 Volley Cou	ırt				ZIP CODE 1 0 1 2			Loc			IAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMED ES 2 NO I DATES	10	yes, sp		, Mexicen		N? (Specify Yes Ricen, etc.)	or No-	Black,	- American Indian, White, etc. White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)		16e. DECEDENT'S (Give kind of life. Do NOT u	work done di se retired.)	uring mo	st of working	9		ept.			).N.R.
					18. MOTH		E (First,	Middle, Maiden Hirt	Surname)		
Edward Vodak  190. INFDRMANT'S NAME (Type/Print)  Julie Ann Voda	ık				nd Number	or Rural R	oute Num	nold,	n, State, Zip	Code)	12
20e. METHOD OF DISPOSITION  1 Burlal 2 Permetton 3 Rer  4 Donetton 8 Other (Specify)	moval from State	10b. PLACE AND DATE	OF DISPOSIT	TIDN (Na	me of		DAT	E 20c. LO	CATION — C	City or Tow	n, State
21. SIGNATURE OF FUNERAL SERVICE L	Hanala +	Metro Cr	22. N Ha	rde	esty	Fur	nera	al Ho	me,	P.A.	
23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Carcuio	on each line.	tros							oot,	Approximate interval Between Onset and Das 9 MINNT
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	S A CONSEQUENCE D									
PART II. Other algorificant condition	ona contributing to deeth	but not resulting	in the und	deriying	g ceuse g	iven in F	Part I.	24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 ND
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH	HOSPITAL:			_	ACE OF DE	ATH (Che	ck only o	ne)			
1 TYES 2 NO 27. MANNER DF DEATH	1 Inpatient 2 ER/O 28e. DATE DF INJUR (Month, Day, Yea	Y ZAb. TIE	NE DF	ing Hom 28c. INJ		sidence (		н (Specify) SCRIBE HOW I	NJURY OCC	URED	
2 Accident investigation	26a. PLACE OF INJU	PRY — At home, farm,	JURY M street, facto	1 🗆 1		NO	281. LOC	CATION (Street	and Number	or Rural Ro	ute Number,
4 Homicide determined						$\perp$		or Town, Stete)			
(Check only	SICIAN: To the best of my kn										end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFU	Short South	t Eden, 1	MO		29c. LICE	36°	BER 70	/	29d. DATE	SIGNED	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W		DEATH (ITEM 27) (Type	, Print)	Æ.	ANNI	2701	IS A	12 21	401	1 1	
31. DATE FILED (Month, Day, Year) APR 08 1994	32. REGISTRAR'S SI		1 11		, , , , , ,	(1000)	-11	- 01	10		

( 68760 BALTIMORE, MARYLAND 21215-0020 percented with points after death. Page 6 may be regarded by the breatest of streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or streeting or street

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be to THE FINERAL DRECTOR, After this certificate has been sined by the attending physician and completely filled in by the funeral director, base.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	<b>HYGIENE</b>
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CE	RTIFIC	ATE C	F DEATH		REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)  Margaret Caro	line White	comb				2. DATE	OF DEATH	, 19	YEAR 94	3. TIME OF DEATH 3 P. M
	4. SOCIAL SECURITY NUMBER 214 30 6890	5. SEX 8.	AGE (In yrs. lest		F UNDER 1 YEA		(Mont	OF BIRTH th, Day, Year)		8. BIRTH Country	IPLACE (State or Foreign ny) Md.
OR	90. FACILITY NAME (If not institution, give st	11.1.	ad ad	9		ON OR LOCATION OF			9c. COUN	nv of D Ltim	EATH
ן ק	RESIDENCE OF DECEDENT	U									
DIRECTOR	Md. 106, COUNTY	Baltimor	e	10c. CITY, 1	Dund				10.		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 7940 Kavanau	gh Road				10f. ZIP COOE 2122	2		_	J.S.	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3XZV dowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 I	YES 2 N	MED	If yes	DECENDENT OF HISP , apecify Cuban, Maxi YES 2 X NO Spec	can, Puerto		or No —	Spec	E — American Indian, k, Whita, atc. ii/:
TED	15. DECEDENT'S EDUC (Specify only highest grade		(Gi	CEDENT'S US ve kind of work Do NOT use n	k done during	ATION most of working	168	. KIND OF BUS	INESS/INDI		100
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	memak				Home	2		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S P	NAME (First,		Surname)		
BE	Thomas M. Young  19a. INFORMANT'S NAME (Type/Print)		194	NA DIAL ING A	naree /e/	et and Number or Run			State 7in	Codel	
임	Barbara Burkett					augh Road					,
	20e, METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE A complety, crei	Paul Paul	s'actem	etery	1	/94 Woo		ck,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Haist	4		22. NAMI	AND ADDRESS OF	NER	AL H	ME	SP2	). Box 195) 110)-795-1400
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	c	OSINAS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA AS A CONSECUTA A	DUENCE OF):	pulm	roreing d	istas	se			Interval Batween Onset and Death
표	reaulting in death) LAST	d									
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3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1.6		, PLACE OF DEATH (	Check only o	ne)			
2	1 TYES 2 NO	1   Inpatient 2   EF	R/Outpatient 3		THER:	Home 5 Rasidence	8 🗆 Othe	er (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, 1	JURY Year)	286. TIME O	Υ	INJURY AT WORK?  YES 2 NO	28d. DE	SCRIBE HOW II	JURY OCC	URED	
- 1	3 Suicide 8 Could not be detarmined	28a. PLACE OF IN building, atc.	JURY — At hou . (Specify)	me, farm, stre	et, factory, o	office	28f. LOC City	CATION (Street a or Town, State)	nd Number	or Rural I	Route Number,
BE-COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my									a) and menner as stated.
OBE	29h. SHOMAT WITE AND TITLE OF CENTS-IES	h )m	,			29c, LICENSE N	S46	2	29d. DATE	SIGNED	(Morth, Day, Year)
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

THE EXCITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF HERTIFICATE OF		NTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)			2.	DATE OF DEATH	Y 4 0 0 4 YEAR	3. TIME OF DEATH
	BERNARD LAWRENC	i. SEX 6. AGE (In yrs. les	EISS			1994	4:00 A M
		X M 2 □ F 76	YRS. MONTHS DAYS	HOURS MIN.		1917 MX	HPLACE (State or Foreign RYLAND
TOR	306 VIOLET COURT	: wid number)	MT. AI	RY		FREDE	
DIRECTOR	100. STATE 100. COUNTY MARYLAND		BALTIMORE	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10%. STREET AND NUMBER 5427 RADECKE AVEN	IUE	101	21206		10g. CITIZEN OF	WHAT COUNTRY? USA
B∀	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 V YES 2 N IF YES, GIVE WITH OR DATES WW II	It yes, sp	ENDENT OF HISPANIC Cooling Cuben, Maxican, Pt 2 (NO Specify:	ORIGIN? (Specify Yea uerto Rican, etc.)	Blac	E — American Indian, k, Whita, atc.
TED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 16a. DE (Gi	CEOENT'S USUAL OCCUPATION  ive kind of work done during mo  Do NOT use retired.)	ON st of working	16b. KIND OF BUS		
COMPLET	8	College (1-4 or 5+)	TRUCK DRIVER		FRE		
BE CO	17. FATHER'S NAME (First, Middle, Leist)  JOHN HENRY WEIS				GARET DO'	YLE	
101	JOHN B. WEISS	198	7914 ROSEL	AND AVENUE	BALTIMOI	RE, MD.	21237
	20e, METHOD OF DISPOSITION 1 [X] Burlal 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	rom Stata cemelery cre PARK	metors of other place) WOOD CEM.	4/9	/94 BAL	TIMORE,	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	JOHN E. DOLAN		ARD J. RUC HARFORD R		IMORE, M	D. 21214
	23. PART I. Enter the diseases, or com shock, or heart fallure, List	nplications that caused the de	ath. Do not anier the mo	da of dying, auch as	cardiac or respir	ratory arrest,	Approximate interval Between
1	iMMEDIATE CAUSE (Final disease or condition resulting in death)	0	re Carein	ema			Onset and Dauth
		DUE TO (OR AS A CONSEC	DUENCE OF):				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				
	PART II. Other algnificent conditions of	contributing to death but not a	noutting in the readering	n seven strong to Part	t I. 24a, WAS AN		
MEDICAL	<u> </u>	- Controlling to death but not i	esutting in the underlying	g couse given in Pan	PERFORI	MEO?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ICIA		IOSPITAL;	OTHER:	ACE OF OEATH (Check of			
PHYSICIAN:	1 VES 2 NO 1	☐ Inpstlant 2 ☐ ER/Outpstlant 3  26a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. tNJ	a 5 Realdenca 6 URY AT 284	Other (Specify) d. OESCRIBE HOW IN	JURY OCCUREO	
ВУБ	1 Natural 5 Pending 2 Accident Investigation		M 1 🗆	RK? /ES 2 NO			
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, ferm, streat, factory, offic	281	t. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
COMPLE		N: To the best of my knowledge, de					a) and menner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Ver	_ml)	29c. LICENSE NUMBER		29d. DATE SIGNED	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF DEATH (ITER				,	
	31. DATE FILEO (Month, Day, Year) 1994	32 EGISTRAE'S SIGNATURE			. = 0 0		

BALTIMORE, MARYLAND 21215-0020
fter death. Page 6 may be retained by the hospital or attending physician.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	Alexander Mal	inowski					(	Gert	rude	E. Horst	-		
	19e. INFORMANT'S NAME (Type/Print)									r, City or Town, State		,	ПЛ
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Julia d'Austran Rardall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (MONTH, Day, Year)
ADD 08 1994

1 - FOR STATE REGISTRAR

	DECEDENT'S NAME (First, Middle, Lest,     Middle, Lest,	elvin Edwar	d Webster	5		2. DATE (		7 9	EAR -	P:45 A	
	4. SOCIAL SECURITY NUMBER  214-20-0302  9e. FACILITY NAME (II not institution, give	1 XM 2 - F	9 YRS. MONT		F UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	03	Dey, Year) /14/2		Country)	CE (State or Foreign	
TOR	Francis Scott				timore	EATH			ity		
DIRECTOR		Harford	10c. CITY, TOV		THON Thite H	a11				1. INSIDE CITY LIMITS? YES 2 X NO	
ERAL	5241 Norrisvi	lle Road		10	f. ZIP CODE 211	61		10g. CITIZEN	OF WHAT	COUNTRY?	
BY FUNER	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D WW II &		If yes, sp	DENDENT OF HISPA Hecify Cuben, Mexic 3 2 NO Speci	an, Puerto R		or No- 14.	Specify:	American Indian, hite, atc. White	
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION te completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use relin	one durina mo	ON pat of working			OUS W		e	
COMPL	10 17. FATHER'S NAME (First, Middle, Lust)	College (1-4 of 3-7)	Parts	Fitt				-	lanu:	facture	
BE CC	Milt	on Webster		18. MOTHER'S NAME (First, Middle, Meide Nora SI							
2	190. INFORMANT'S NAME (Type/Print)  Jane Webster			ADDRESS (Street and Number or Rural Route Number, City or Town Norrisville Rd. White							
	20e, METHOD OF DISPOSITION  1	moval from State	p. PLACE AND DATE OF DIS netery, cremetory or other ple etro Crem	POSITION (N	ame of	OATE	20c. LOC	CATION — City	or Town,	State	
	21. SIGNATURE OF UNERAL SERVICE J. George E.		11	rema	no appress of Frition Sortederic	ocie1	ty of	Md.,	Inc		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  a. Humphomos Due to (OR AS A CONSEQUENCE OF):  b. Due to (OR AS A CONSEQUENCE OF):  c. Due to (OR AS A CONSEQUENCE OF):										
MEDICAL CE	PART II. Other significant conditions contributing to deeth but not resulting in the underlying of					iven in Part i. 24e, WAS AN A PERFORM		MED? AMILABLE PRIOR 1		MABLE PRIOR TO MPLETION OF CAUSE DEATH?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
PHYSIC	1 VES 2 NO 27. MANNER OF OEATH	HOSPITAL:  1 M Inpetient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Year)		TIME OF 28c. INJURY AT 28d. OESCRIBE HOW				INJURY OCCUREO			
	1 Netural 5 Pending	26e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, etc. (Specify)			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
ВҰ	2 Accident Suicide 6 Could not be determined	26e, PLACE OF INJURY	/ — Al home, ferm, street, city)	fectory, offic				na Number or I			
BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide 6 Certifier (Check only 1 CERTIFYING PHY	26e, PLACE OF INJURY	riedge, death occurred at 1	lhe 1lme, dete	e end place, end du	City of	or Town, Stete)	ner as stated.	euse(s) en		
BE COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined 20e. CERTIFIER (Check only 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	26e. PLACE OF INJURY building, etc. (Spe SICIAN: To the best of my know IER: On the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of exemination of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of	city)  viedge, death occurred at the end/or investigation, in	lhe 1lme, dete	e end place, end du	City of the cause time, date	or Town, Stete)	ner as stated.			
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide 6 Certifier (Check only One) 2 MEDICAL EXAMIN	SICIAN: To the best of my know  VER: On the basis of exemination  RER On the basis of exemination  RER ON TERM  THO COMPLETED CAUSE OF DI	riedge, death occurred at a sin end/or investigation, in EATH (ITEM 27) (Type, Print)	ihe time, dete	e end place, end du desth occured at the 29c. LICENSE NU	City of the cause of time, date	se(a) and men end place, end	ner as stated. d due to the co	GNED (MO	d menner ea stated. with, Day, Year)	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) JOHNNY HECTOR WALLACE 2. DATE OF DEATH 3. TIME OF DEATN 22pm VEAR HWWY ALLACE d A SOCIAL SECURITY NUMBER 5 GEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign (Month, Day, Year) 03-12-40 218-36-0558 1 X M 2 F 54 CAROLINA N. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN 2,3 DIRECTOR UNIVERSITY HOSPITAL BALTIMORE CITY n/a RESIDENCE OF DECEDENT Pages 1 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 310 TH STREET 21218 F. UNITED STATES the burial-transit retained by the hospital or attending physician. 5 should be detached for use as the burlal-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED
FORCES? 1 TYES 2 THO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married S C D 1 TYES 2 X NO Specify: Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) CONSTRUCTION WORKER TH 8 n/a 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) CHARLIE WALLACE BEATRICE Mc NEIL T BE notified 19a. INFORMANT'S NAME (Type/Print) or Rural Route Number, City or Town, Stale, Zip Code)
STREET, BALTIMORE, MD 21218 19b. MAILING ADDRESS (St 0 BEATRICE WALLACE 310 E. 27TH page 5 urs after death. Page 6 may be be 20s. METNOD OF DISPOSITION
1 N Souriel 2 Cremetion 3 F
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 3 - Removal from State funeral director, BALTIMORE CEMTERY 04-11 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. MARCH FH.-1101 E. NORTH AVE. WM. n by the 1 removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or hasrt failure. List only one cause on each ilne interval Between 6 Onset and Death IMMEDIATE CAUSE (Finel completely filled rial, cremation, c the disesse or condition resulting in death) a event, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE # hysician and com traumatic CERTIFICATION 1 M Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING physician death certificate be CAUSE (Disease or Injury other Hygiene DUM that initiated events attending p resulting in death) LAST the atten Mental F DIVISION OF VITAL RECORDS, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS and a AVAILABLE PRIOR TO any signed the COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? shows a 1 YES 2 BAND 10 PHYSICIAN: has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item certificate I HOSPITAL:
1 Dispetient 2 ER/Outpetient 3 DOA OTHER 1 YES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 6 the 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED this c marked, 1 Netural 5 Pending 1 YES 2 NO BY After 2 Accident Investigation DIRECTOR: At hours after de-Item 28 is r 26a. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Sulcide 6 Could not be determined 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 29s. CERTIFIER
1 DEERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL | = 2 MEDICAL EXAMINER: On TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) REGISTRAR'S SIGNATURE

APR 0 8 1994

Item# 20a,20b Per F.H. Film# 710 04/08/94 R.M.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATE	OF HEALTH AND OF DEATH	MENTA	L HYGIEN REG. NO.	E		
100000000000000000000000000000000000000	1. DECEDENT'S NAME (First, Middle, Last) HENRY LARRY	77/1/			2. DATE MONT	OF OEATH	· 9	3. TIME OF DEATH	
TO BE COMPLETED BY FUNERAL DIRECTOR	213-54-1229	6. AGE (In yrs. less	YRS. MONTHS	DAYS HOURS MIN.	(Mont	OF BIRTH th, Day, Year) 28 - 4	19 S	BIRTHPLACE (State or Foreign Country) CAROLINA	
	98. FACILITY NAME (If not institution, give stre	200 Eastern		TOWN OR LOCATION OF L	DEATH		9c. COUNTY		
	16a. STATE 10b. COUNTY	n/a	10c. CITY, TOWN O	LTIMORE				10d, INSIDE CITY VLIMITS? 1 YES 2 NO	
	1202 MAPLE LEA	F COURT		21202			UNIT	ED STATES	
	11. MARITAL STATUS  1 Never Married 2 Married S C D  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☒N IF YES, GIVE WAR OR DATES	0 #	MS DECENDENT OF HISP/ yes, specify Cuban, Maxk YES 2 X NO Spec	en, Puerto	N? (Specify Yea Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, atc. Specify: BLACK	
	15. DECEDENT'S EDUCA (Specify only highest grade co	mpleted) (Gi College (1-4 or 5 +)	CEDENT'S USUAL OC we kind of work done of Do NOT use retired.)	CUPATION uring most of working	168	n / a	INESS/INDUS	TRY	
	17. FATHER'S NAME (First, Middle, Last) HENRY WHITE	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME (First, Middle, Melden Surneme) ALMETA FRANCES				
	190. INFORMANT'S NAME (Type/Print) MARTHA WHITE	196	MAILING ADDRESS	(Street and Number or Rura NSEY AVE	NUE,	BALT	I MORE	,MD 21223	
	20~. METHOD OF DISPOSITION 1' □ Burlel 2 「▼ Cremation 3 □ Remove 4 □ Donation 5 □ Other (Specify)	al from State	NA HON (	EMETERY	04 -			OF TOWN, State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	. Krter		1. C. MAR		H110	01 E.	NORTH AVE	
: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  List only one cause on each line.  Interval Betw Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset an								
	PART II. Other eignificent conditione Advanced Av	contributing to deeth but not re	esulting in the un	derlying ceuse given i	n Pert 1.	24a. WAS AN PERFORM	MED?	24b. WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2X NO	
SICIAN:		IOSPITAL:	OTHER	26. PLACE OF DEATH (C	heck only or	70)			
PHYS	1 YES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending	Inpetiant 2 ER/Outpetiant 3  2ea. DATE OF INJURY (Month, Day, Year)		ng Home 5 Residence 28c. INJURY AT WORK?		F (Specify) SCRIBE HOW IN	JURY OCCUR	ED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Routs Number, City or Town, State)				
		IN: To the heat of my knowledge, de	ith occurred at the Ili		e to the ca	use(s) and man	ner se stated.		
LUI I	298. CERTIFIER (Check only one)  1 CERTIFYING PHYSICII 2 MEDICAL EXAMINER:							BUse(s) and manner as state.	
BE COMPLET	(Check only CERTIFTING PHYSICIA	On the basis of examination and/or in			o time, dete		d due to the co	GNED (Month, Day, Year)	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE USEN OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

THE FULL OF ATTENDING PHYSICIAN. The law requires that the death certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be characted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF I	DEATH	REG. NO	D				
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH	DAY YEAR	3. TIME OF OEATH			
		NDERSON			APRIL	n/a M				
		GE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign			
	218-44-1502 1 D M 2 TxF	48 YRS.	WUNTERS DAYS	HOURS MIN.	05 - 14 -	45 MA	RYLAND			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR	LOCATION OF OR	ATH	9c. COUNTY OF C	EATH			
DIRECTOR	5620 PIONEER DRIVE		BALTIMORE n/a							
בו	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	140- 017	Y TOWN OR LOCATIO							
E I	MARYLAND n/a	ive. Cit	Y, TOWN OR LOCATIO	'IMORE			10d. INSIDE CITY			
	10e. STREET AND NUMBER						1 YES 2 NO			
FUNERAL	Cita C Ave Con-Obsessa		101. 2	ZIP COOE		WHAT COUNTRY?				
	5620 PIONEER DRIVE	- m		21214		O STATES				
3	1 Never Married 2 Married FORCES? 1 V	ES 2 ZNO	O If yes, specify Cuban, Maxican, Puarto Rican, etc.;				a or No- 14. RACE — American Indian, Black, White, etc.			
B	3 Wildowed 4 Divorced IF YES, GIVE WAR O	R OATES	1 Tes 2 No Specify: Specify:							
	15. OECEDENT'S EDUCATION	16a. OECEOENT'S	USUAL OCCUPATION		16b, KINO OF RI	JSINESS/INOUSTRY	BLACK			
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  Collega (1-4 or 5 + 1	(Give kind of life. Do NOT u	work done during most se retired.)	of working						
COMPLETED	MASTER DEGRE	E ADMIN	ISTRATIVE	ED.		MORE CITY				
ś	17. FATHER'S NAME (First, Middle, Last)	•		18. MOTHER'S NA	ME (First, Middle, Maide					
ш	EDWARD JAMES, SR.			ELIZA						
∞	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	AODRESS (Street and	d Number or Rural I	Route Number, City or To	wn, State, Zip Code)				
임	RANDFORD ANDERSON , JR.	5620					AND 21214			
	20a. METHOO OF OISPOSITION 1 X Burtel 2 Cremation 3 Removal from State	20b. PLACE AND DATE	OF DISPOSITION (Name	e of	OATE 20c. L	OCATION — City or To	own, State			
	4 Donation 5 Other (Specify)	KING MEI	MORIAL P	ARK (	04-13 RA	NDALLSTO	VN, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0		AOORESS OF FA						
	X00 V 3/1/00	, ,	WM. C	. MARCH	FH1101	E. NORTH	AVENUE			
-	23. PART I. Enter the diseases, or complications that ceu	Co Co	1							
	enock, or neert fellure. List only one cause of	n each line.	not enter the mode	e or dying, auc	n as cerdiac or real	piratory arrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Finel disease or condition and control of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition o									
	resulting in death)  Bue To (or as a consciuence of):									
_11	B0E 10 (04 /	IS A CONSEQUENCE O	<del>*</del> ):							
<u></u>	Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):									
Ā.	cause. Enter UNDERLYING		,							
RTIFICATION	CAUSE (Disease or Injury that initiated events DUE TO (OR A	AS A CONSEQUENCE O	F):							
E	resulting in death) LAST									
2	2021									
SAL	PART II. Other eignificant conditions contributing to deal	h but not resulting	in the underlying	cause given in	Part I. 24a. WAS A	N AUTOPSY 24b	WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO			
8					1 _ YES		COMPLETION OF CAUSE OF DEATH?			
M					_/		1   YES 2   NO			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO M									
SICIAN	25. WAS CASE REFERENCE TO MEDICAL EXAMINER? HOSPITAL:			CE OF DEATH (Ch	ack only one)					
2	1 YES 2 NO HOSPITAL: 1   Inputient 2   ER/I	Outpetlent 3 - DOA	OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)					
F	27. MANNER OF OEATH 28a. DATE OF INJU (Month, Day, Ye		IE OF 28c. INJURY		28d. DESCRIBE HOW	INJURY OCCUREO	,			
- 1	1 Natural 5 Pending 2 Accident Investigation	,		S 2 NO						
9	3 Suicide & Could not be 28s. PLACE OF INJ building, atc. (	URY — At home, farm,	street, factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETE	4 Homicide determined				ony or nown, state	7				
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my k	nowledge, death occurr	ed at the time, data ar	nd place, and due	to the cause(a) and ma	inner as stated.				
N N	one) 2 MEDICAL EXAMINER: On the basis of examin						and manner as stated.			
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN						
# H	Opril Frita UD		'	7) 228	65	29d. DATE SIGNED	GA-			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (5	Print)	NHO		1 ////	17			
	DANIEL FEINTAG MI	0 585	20 YORK	e RD	BIZTIN	OPE MI	21212			
	31. DATE FILED (Month; Day, Year) 32. CGISTRADIS S	IGNATURE .			-11-111	1/10	-1-1-			
	ADD 1 1 1991 Julie Devi	door Randell	_							

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and lead of the forms also dead of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, of removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.											
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D		T	3. TIME OF DEATH			
	Mary B. Amsden				4 —	g -199	4 YEAR	12.15 A M			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.		IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HRTH	S. BIRTHP	LACE (State or Foreign			
	218-14-5237 1□M XXF 94	YRS.	12/12/1099 Mary								
OR	9a. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  The Wesley Home 2211 W Rogers Av. Baltimore										
اظ	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland	10c. C114, 10W	N OR LOCAL		timoı		10d. INSIDE CITY LIMITS?				
FUNERAL	2211 W. Rogers Avenue		101.	ZIP CODE	2120		USA	HAT COUNTRY?			
	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 S	ARMED ONO		ENDENT OF HISPANIC city Cuben, Mexican,			14. RACE Black,	- American Indien, White, etc.			
р ву	3 X Widowed 4 Divorced IF YES, GIVE WAR OR DATES		1 🗌 YES				Spec#y Whi				
COMPLETED	(Specify only highest grade completed)	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during mo:	N It of working	16b, KINI	D OF BUSINESS/INC	DUSTRY				
PLE	College (1-4 or 5+)		•								
N	6 17. FATHER'S NAME (First, Middle, Last)	Seams	tress	18. MOTHER'S NAMI			Mar	ufacturin			
	Robert S. Burton			Viola	Gor	,		- 1			
BE		19b. MAILING AODR	ESS (Street e	N TOTA  Number or Rural Ro			Code)				
2	The Wesley Home			ers Ave				1209			
	20e. METHOO OF DISPOSITION 1	cremetory or other ple	position (Na	ne of	OATE	20c. LOCATION — Catons					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			D AGORESS OF FACI	UTY	00.00110					
	Variand lange ( a. a	+,)		ee-Hens							
	23. PART I. Enter the diseasea, or complications that caused the	deeth. Do not en	3631	Falls te of dving, auch	Rd F	or reapiratory an	MD 2	Approximata			
	snock, or heart failura. List only one cause on each li	na.					W.	Interval Between Onset and Death			
2	disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	SEQUENCE OF):									
FIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONS	SEQUENCE OF):									
H	resulting in deeth) LAST										
	PART II. Other eignificent conditions contributing to death but not	t resulting in the	underlying	cause alven in D	ert I 24-	WAS AN AUTOPSY	245	WERE AUTOPSY FINDINGS			
CAL		t recording in the	underlying	cause given in P		PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDIC					-   10	YES 2 NO	1	OF DEATH?			
2					_			, , , , , , , , , , , , , , , , , , , ,			
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEATH (Chec	k only one)						
VSI	I YES 2 NO HOSPITAL:  1   Inpetient 2   ER/Outpetient		IEA: Nursing Hom	5 Residence 8	Other (Spe	ecify)					
	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJI WO	RK?	26d. DEŞCRIE	BE HOW INJURY OC	CURED				
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined determined	home, farm, street,	fectory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	29e. CERTIFIER (Check only I CERTIFYING PHYSICIAN: To the best of my knowledge,	death occurred at ti	he time, date	end placs, end due to	o the cause(s)	end menner ee sta	ted.				
OM	one) 2 MEDICAL EXAMINER: On the basis of examination end/o							and manner as stated.			
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER WILLIAM WITH A WAY OF THE CERTIFIER WITH A WAY OF THE CERTIFIER WITH A WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY OF THE CERTIFIER WAY O	)		29c. LICENSE NUMB	38°	29d. DAT	E SIGNED	Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	NOBI	ter	N PKU	VACI	Balte	) }	ud			
	APR 1 1 1994 Julie Meridian Randa										
	AFR [ 1334 Junior Manda	M.						DUNAU 10 D. 1000			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.  TO PICHOSDIAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremati IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, it TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION	BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DI
5	D DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPING, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within counts after death. Page 6 may be retained by the hospital or attending physician, and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ages 1, 2, 3 should

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	Henry Robe				2. DATE OF DEAT	TN DAY	YEAR 994	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219 18 6289	1⊠M2□F 7	o yrs. last birthday) O YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTN (Month, Day, Year) 05/20/1923 Maryland				
TOR	9a. FACILITY NAME (If not Institution, give str 827 Pontiac AV			ATH	1	UNTY OF C				
DIRECTOR	10e. STATE 10b. COUNTY	====	10.00	TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER 827 Pontiac Ave	nue			. ZIP CODE 21225			TIZEN OF	1 X YES 2 NO WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 M Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA WOLLD WAL	2 NO TES	If yes, sp	ENDENT OF NISPAN polity Cuben, Mexices 2 NO Specify	n, Puerto Ricen, sto	y Yee or No-	14, RAC	E — Americen Indien, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12) 12th Grade	ATION	16e. DECEDENT'S t. (Give kind of wo life. Do NOT use	ork done during mo	N st of working		F BUSINESS/IN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
BE COM	17. FATHER'S NAME (First, Middle, Last)	hristian L.	Amend	-	Mat	tie Ma	ailey			
10	Mary Nicholson		921 T.y	nvue Ro	ad I.j.	inthicum			21090	
	20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)	val from State cerpe MC	PLACE AND DATE OF STATE	FDISPOSITION (Na Veteran	s Cem.		c LOCATION - Crowns		own, State e, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Framisou	ski	Georgi 4001	o Address of FAC J. Gond Ritchie I	ce Funer Hwy. Ba	ltimor	e, M		
	23. PART I. Enter the diseases, alcos shock, or heart falluse.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause on ea	CONSEQUENCE OF	7.	1	talia		rrest,	Approximate Interval Bastween Ofset and Dasth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	QUE TO JOR AS A	COMBEQUENCE OF	nyor non		0	ar.		10 grs	
¥	PART II. Other significant conditions	contributing to death bu	it not resulting in	the underlying	cause given in	PEI	S AN AUTOPSY RECOMMED? IS 2 NO	241	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDIC		HOSPITAL:		OTHER:	ACE OF DEATH (Che				CILIT = (AL	
BY PHYS	27. MANNEH OF DEATH  1  Netural 5 Pending Investigation	1 Inpetient 2 ER/Outpu  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	RIK?	8 Other (Specify) 28d. DESCRIBE H	-	COMED		
	3 Suicide 6 Could not be 4 Homicide determined	reet, factory, office	pry, office 28f. LOCATION (Street and Number or Roral Route Number City or Seen, State)							
COMPLETED		IAN: To the best of my knowle t: On the basis of examination							s) end manner se stated.	
TO BE	29b. SIGNATURE AND TITLE OF CEATURER	no	/		29c. LICENSE NUM	F 2 1	29d. DA	TE SIONED	(Month, Day, Year)	
	30. HAME AND ADDRESS OF PERSON WHO	Wik	ens for	Print)	Salv	0 //	d	21	229	
	31. DATE FILED (Month, Day, 1601)  32. REGISTRAR'S SIGNATURE  APR 1 1 1994  Suha widson-Randelle								/	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HANGAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HANGAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

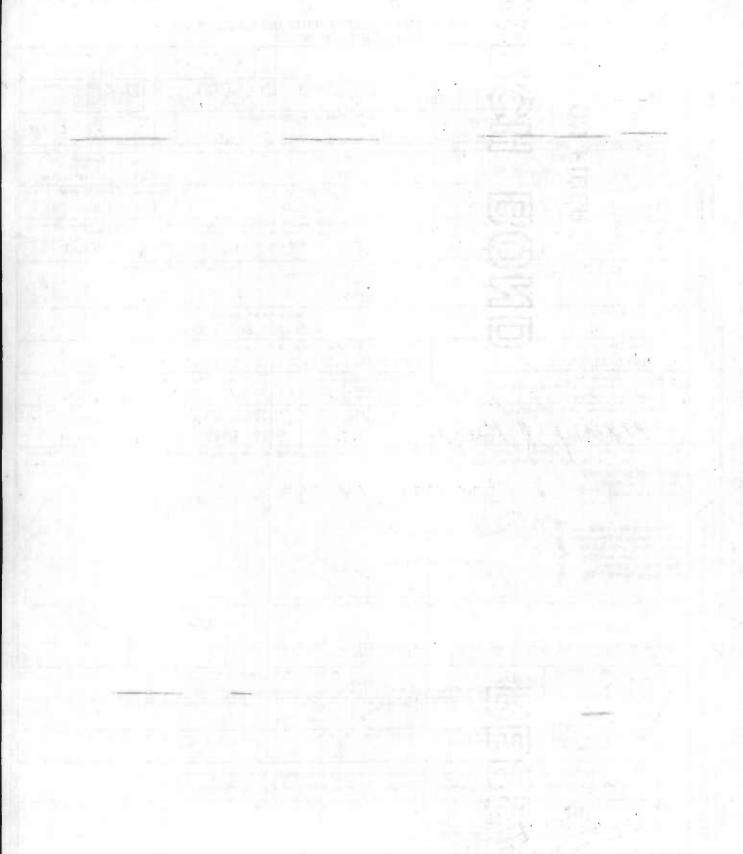
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First,	Middle, Last)							. 2	DATE OF DEATH	· .		3. TIME OF OEATH
			Marjorie	Eller	n Alt	vate	r			MONTH	DAY	YEAR	M. TIME OF OEATH
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDER		IF UNDER 24 F	_	DATE OF BIRTH	01 1551		
	218 10 89	10	1 🗌 M 2 💢 F	75	YRS.	MONTHS	DAYS		RIN.	(Month, Day, Year) 09/17/19	110	Countr	у)
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY,	TOWN (	OR LOCATION			7	NTY OF D	yland
8	Harbor H	ospita	1 Center			Ba1	timo	ore (	City		===	====	==
5	RESIDENCE OF DEC	10b. COUNTY											
DIRECTOR	Maryland	Water Clay	e Arunde	1	Baltimore							10d. INSIDE CITY LIMITS? 1 YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER 194 W. Meadow Road					101. ZIP CODE 21225						S.A	VHAT COUNTRY?
FE	11. MARITAL STATUS  1 Never Married 2		12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	☐ YES 2 2			f yes, sp	ecify Cuban, N	IISPANIC ( laxican, Pi	ORIGIN? (Specify Youarto Rican, etc.)	on or No-	Black	- American Indien, White, atc.
B	3 ₺ Widowed 4 □ Divo	roed						225 110	opocity.			Speci	White
	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	16a.	DECEDENT'S (Give kind of the life, Do NOT us	USUAL OC	CCUPATIO	ON ost of working		16b. KIND OF BI	JSINESS/IND	USTRY	
COMPLETED	10th Grade	-12) <u>-</u>	College (1-4 or 5 -	•)	iii. Do NOT U: Housew					Home	Maker		
BE CO	17. FATHER'S NAME (First, Mi	JOH	N WESLEY					V	VIII	First, Middle, Maide IE M. BR	AMBLE		
2	Wesley E.	Usilt	on		196. MAILING 408 H	ADDRESS 11vi	(Street a	nd Number or I Drive	Aural Aoute I.i	nthicum,	wn, State, Zip Mary	/land	21090
	20e, METHOD OF DISPOSITI  1X Burlel 2 Cremetlo  4 Donation 5 Other	n 3 🗌 Ramo (Specify)		cemetery.	cremetory or o	ther place)		ton Ce	em. 🗡		eston		wn, Stata ryland
- 1	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE		1			ND ADDRESS C					
	Honn	NM	Fram	usu	shi					y. Balt			
	23. PART I. Enter the di	seases, or c	cetions the	t caused the	death. Do r	ot enter	the mo	de of dylng,	such se	cardlec or real	olratory arr	eat,	Approximate
	shock, or haert fellural and only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Out 10 pulmonary (NW)  Out 10 pulmonary (NW)												
NO	Sequentially list conditions,  b. Due TO (OR AS A CONSEQUENCE OF):												
HTIFICATION	If any, leading to immediates. Enter UNDERLYI	NG	Ha	eiten									
	CAUSE (Disease or Inju that initiated eventa		DOE TO		SEOUENCE OF								
CER	resulting in death) LAS		. land	iac	15cher	nia							
- 13	PART II. Other algnifica	nt condition		death but no	t resulting	n the un	derlyln	g ceuse give	n In Pan	t I. 24a. WAS A		24b.	WERE AUTOPSY FINDINGS
DICAL	Dia	reter	Mellit	2						PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
#		types c	holester	demio									OF DEATH?  1 YES 2 NO
ž I													
3	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		N	OTHER		ACE OF DEATI	H (Check o	only one)			
PHYSICIAN: N	1 YES 2 NO		1   Inpatient 2		,	4 🗆 Num	ing Hom			Other (Specify)			
38	_	Pending	26e. DATE OF (Month, D		26b. TIM	E OF URY		RK?		d. DESCRIBE HOW	INJURY OCC	CURED	
9	2 Sulaida	nvestigation	26a. PLACE O	F INJURY — At	home, farm, a	traet, facto		YES 2 NO		I. LOCATION (Street	and Mumbar	or Primi D	nute Mumber
		Could not be satarmined	building,	atc. (Specify)			ory, orne	-	201	City or Town, State	)	or norar n	oute Number,
֚֓֞֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֟֓֓֓֟֟	29e. CERTIFIER	IFYING PHYSIC	CIAN: To the best of	my knowledge.	death occum	d at the ti	me date	and place, and	d due to t	he cause(s) and m	nner ee elet		
3 Suicide 5 Could not be building, stc. (Specify)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date one)													and menner as stated.
- 10	29b. SIGNATURE AND TITLE							29c. LICENSE					(Month, Day, Year)
	Grew. The	MD20	m ms					055	P8-	2	<b>&gt;</b> 4	61	94
	30. NAME AND ADDRESS OF	PERSON WHO	M D 20	SE OF DEATH (IT	TEM 27) (Type,	Print)	D	nHini	A.M	MJ		1 =	
	31. DATE FILED (Month, Day:	rbar)	32. PEGISTRA	R'S SIGNATURE		311	10	QUITM	OP	/lia ·	717	-1-5	
	APR 1 1	1994	Julia.		fandell								
			-										OHMH-16 Rev 1/89

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ITEMS: 23 PART I, 27, PER MEO FILM G-710 4/15/94 t.t.

	REGISTRAR DAVID L. BRIGHAM CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Liset)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH MONTH												
	DAVID BE	RIGHA		6. AGE (In yrs, lest b				APR	IL 05	1.9	94	3:39	
	213-38-0473		1 € M 2 ☐ F	52	YRS. F UNDER	DAYS HOUR	DER 24 HRS.	JULY	5, 1941		Country) MARY	LAND	
OR	9a. FACILITY NAME (If not inst PRINCE GEORG 15511 ger	man-	SPITAL CENTIL	ER		mantov				e. COUNTY			
DIRECTO	10a, STATE	10b. COUNT	TY		10c. CITY, TOWN C	CITY, TOWN OR LOCATION  CHEVERLY  PRINCE GEORGE'S COUN  MONTGOMERY  10d, INSIDE CITY							
-	MARYLAND	GERMAN						1 (	LIMITS?				
FUNERAL	100. STREET AND NUMBER	FERMA	NTOWN ROAL	)		101. ZIP C	374			270		STATES	
BY FUN	11. MARITAL STATUS  1 Never Married 2 N  3 Widowed 4 Divorce	Married			T OF HISPAN	n, Puarto F	? (Specify Yes or lican, etc.)		. RACE Black, W	American India			
TED	15. DECE (Specify only	DENT'S ED		(Give	DENT'S USUAL OF	CCUPATION during most of wo	orking	16b.	KIND OF BUSIN	ESS/INDUS	TRY		
PLET	Elementary/Secondary (0-1	12)	College (1-4 or 5+)	IIIe. D	o NOT use retired.) JCK DRIV				TRUCK	CTNG			
COMPL	17. FATHER'S NAME (First, Mid			OTHER'S NA	ME (First, A	fiddle, Maiden Sui							
BE	LUCIAN LER		BRIGHAM			ARIE		ARTZBAC					
5	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  RHONDA BALLENGER  15511 GERMANTOWN ROAD GERMANTOWN, MD. 20874										20874		
	20g. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION/Name of DATE  20c. LOCATION — City or Town, State  cematory crematory or other place)												
	4 Donation 5 Other (Specify) LAYTONSVILLE, MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE (												
	MURIEL H. BARBER FUNERAL HOME 20882 P.O. BOX 5038 LAYTONSVILLE, MARYLAND												
	23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Fins disease or condition resulting in dasth)	art fallure	complications that List only one cause	e on aach line.	P. h. Do not enter	0. BOX	5038 dylng, suc	3 LA	YTONSVI		MAR		
RTIFICATION	immediate cause (Fina disease or condition	pons, lists	a. ARTERIOSC  DUE TO (	e on aach line.	P. h. Do not enter  ARDIOVASCU ENCE OF):	0. BOX	5038 dylng, suc	3 LA	YTONSVI		MAR	Approximation interval Be	
CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injurthat initiated events resulting in death) LAST	pons, Note NG	a. ARTERIOSC DUE TO (  DUE TO (  DUE TO (  d.	DE ON AS A CONSEOU  OR AS A CONSEOU  OR AS A CONSEOU	P. h. Do not enter  ARDIOVASCU  ENCE OF):  ENCE OF):	O. BOX the mode of	5038 dylng, such	3 LA	YTONSVI	tory arreal	MAR'	YLAND Approximation interval Barriage Onset and	
AL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events	pons, Note NG	a. ARTERIOSC DUE TO (  DUE TO (  DUE TO (  d.	DE ON AS A CONSEOU  OR AS A CONSEOU  OR AS A CONSEOU	P. h. Do not enter  ARDIOVASCU  ENCE OF):  ENCE OF):	O. BOX the mode of	5038 dylng, such	3 LA	YTONSVI	TOPSY ED?	MAR!	Approximation interval Be	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 2-4 hours after death. Page 6 may be retained by the hospital or attending physician.

ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to the signed by the principle prior to burial, cremation, or removal exercises may be marked or them 23 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the marked or them 23 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the marked for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR			EKIIF	ICALL	= OF	DEATH		REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last) NELLIE	2. DATE OF CENTI								² 1	9 <b>ў</b> 4	3. TIME OF OEATH 6:45 P M
	4. SOCIAL SECURITY NUMBER 218-10-2621	5. SEX 6. /	74	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.	7. DA	TE OF BIRTH	919		LAND
OR	9a. FACILITY NAME (If not institution, give s 3713 INA AVENUE	treet and number)			9b. CITY		TIMORE			_	INTY OF DE	
5	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND 106, COUNT	10c. CIT	E. CITY, TOWN OR LOCATION  BALTIMORE							10d. INSIDE CITY LIMITS? 1 X YES 2 NQ		
FUNERAL	3713 INA AVENUE				101. ZIP CODE 21206					10g. CIT	US.	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4  Divorced	12. WAS DECEOENT EV FORCES? 1   IF YES, GIVE WAR (	YES 2 X	RMED NO		If yes, spi	ENDENT OF HISP ecify Cuban, Maxi 2 NO Spe	can, Puer	GIN? (Specify Ye to Rican, etc.)	s or No-	Specify	American Indian, White, atc.
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(6	ECEDENT'S Give kind of a	work done i		aN st of working		16b. KIND OF BU	SINESS/INI		WILLE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			TRES	S					URANT	
BE CO	17. FATHER'S NAME (First, Middle, Last) PERCY		BARN	IES			18. MOTHER'S I		st, Middla, Malden	Sumame)	KNOU	SE
2	19a. INFORMANT'S NAME (Type/Print)						nd Number or Run					
F	MARGARET E. TITUS  20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram		20b. PLACE				D ROAD				21222 City or Tow	
	1 X Buriel 2 Cremation 3 Ram 4 Dojumin 5 Other (Specify) 21. SIGNATUSE OF FUNERAL SERVICE LIC		PARK		CEM			4/1	1/94 _{BAL}			
	John E Vale	JOHN E.	DOLAN	1	LE	EONAI	RD J. RI HARFORD	UCK		MORE	MD	21214
z	23. BART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Meta	sed the done each line	. (	doi		bucor		ardiac or reap	iratory ar	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
l B		d										+
: MEDICAL	PERFORMED?  1 YES 2 NO  AMILABLE PRIOR COMPLETION OF GOT DEATH?									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL					90 84	ACE OF DEATH (	Ohnat: -: 1				
PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpetlant 3	I □ DOA	OTHER	3:	o 5 Kaaldene				-	
È	27. MANNER OF DEATH	26a. DATE OF INJU		28b. TIM		28c. INJI		_	DESCRIBE HOW	INJURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye		INJ	URY M	1 🗌 Y	RK? 'ES 2 NQ					
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF IN. building, atc.	JURY — At he (Specify)	oma, tarm, :	street, fact	ory, offici		26t. L	OCATION (Street lity or Town, State)	and Numbe	r or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) t CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my I										and manner as stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIED	i Rud 18	Du				29c. LICENSE N		6		E SIGNED (	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH  31. DATE FILED (Month, Day, Mar)	0			Print)							
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-36/is after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR		STATE OF N		D / DEPAR CERTIF					MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Min		- 1 -					DEA		2. DATE	OF DEATH	,	YEAR	3. TIME OF DEATH
	Isabella									L	1 2		74	0700 M
	4. SOCIAL SECURITY NUMBER 130 24 2768		S. SEX	6. AGE (In yrs	s. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE ( (Month)	9, 19	02	Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institu	ition, give stree	et and number)	_		9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH.	9, 19		TY OF D	
DIRECTOR	Sharpy gro		105PHq		Rockville								tgan	
<u> </u>		b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION		- 10			T	10d. INSIDE CITY
5	Maryland	Monta	omerv		Roc	kvil	le.							LIMITS?
A	10e. STREET AND NUMBER		O.L.			A E V 4-2	-	ZIP CODE	E			10g. CITI		HAT COUNTRY?
	1235 Potomac	Valle	y Road					20	850				USA	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Mail  3 Widowed 4 Divorced	rried	2. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO		If yea, sp	ENDENT O	n, Mexica	n, Puerto R	(Specify Year	or No-	14. RACE Black Specif	- American Indian, White, atc.
	15. DECEDE	NT'S EDUCAT	ION	16a	DECEDENT'S	USUAL O	CCUPATIO	IN .		166	KIND OF BUSI	NECC (IND	Hermy	
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COMPLETED	12					clerk				R	ental	Car	Comp	any
3	17. FATHER'S NAME (First, Middle										iddle, Maiden S	umame)		
N N	Eugene Jeremi			Ester Lovinger										
2	194. INFORMANT'S NAME (1)(De/	Printy									w, City or Town,			70
1	Robert Katz								Gait		burg,		208	
- 1	1 X Buriel 2 □ Cremation 4 □ Donation 5 □ Other /Spr	3 🗆 Remove	Propri State		ceand date					4/4				
ı	21. SIGNATURE OF FUNERAL SE		SEE	T PIL	Lebai		-	D ADDRES	S OF FAC	_	Adel	pm,	Mal	yland
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CERTIFICATION	Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Oue TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
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THE SIGNAL MED							-			-				1 TYES 2 NO
5	25. WAS CASE REFERRED TO ME EXAMINER?		OSPITAL:					CE OF DE	ATH (Che	ck only one				
	YES 2 NO		Inpatient 2		3 🗆 DOA	4 Num		5 🗆 Res	aldence	6 🗆 Other	(Specify)			
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DIVISION OF VITAL RECORDS, P.O. BOX 687

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first side within 70 hours after death with the State Defin of Health and Mental Horison prior to build cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	st, Middle, Lest)	James	E. By	/rd					2. DATE O	F DEATH	AY 1	9 9 4ª	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	ABER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF BIRTH				IPLACE (State or Foreign
140-07-07		1X XM 2 □ F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	11-	24-19	07	Godina	IPLACE (State or Foreign (Y)) S.C.
3812 Bar	ringt		1			y, rown o	R LOCATIO	ON OF D	EATH		9c. CO	UNTY OF D	HTAB
RESIDENCE OF DE	10b. COUNT	Υ		10c. CIT	LA LOWN	OR LOCAT	ION						10d. INSIDE CITY
Md				Bal									LIMITS?
10e. STREET AND NUMBE	R			15 ~ .		101	ZIP CODE	E		-	10a, Cl	TIZEN OF Y	WHAT COUNTRY?
3812 Barr	ington	Road					212	15				JS	
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Div	Married	12. WAS DECEDEN	YES 2 V	ARMED NO		WAS DEC	ENDENT O	F HISPA	NIC ORIGIN? en, Puerto Ric ly:	(Specify Yes		14, RACI	E — Americen Indian, k, White, etc.
	CEDENT'S EDU		16a. C	ECEDENT'S	USUAL C	OCCUPATIO	N		16b. K	IND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 5	-)	Give kind of fe. Do NOT u KNOWI		dunng mo:	st of worldn	ng	Ва	lto (	Gas	and E	lectric Co
17. FATHER'S NAME (First,	Middle, Last)						18. MOTI	HER'S NA	AME (First, Mic	idle, Maiden	Surneme)		
Charles	Byrd							E116	en Har	ris			
19a, INFORMANT'S NAME	98. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)												
Joseph Byrd 3812 Barrington Road Balto, Md 21215													
206. PLACE AND DATE OF DISPOSITION  VARBURIE 2 Cremetion 3 Removal from State  4 Denetion 6 Other (Specify)  206. PLACE AND DATE OF DISPOSITION (Name of 41494 Arbutus, Md													
21. SIGNATURE OF FULLIAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March F/H West  4300 Wabash Avenue  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, Approximate													
23. PART I. Enter the shock, Dr IMMEDIATE CAUSE (F	heart fallure.	complications that List only one cau	ise on each lir	18.								rreat,	Approximate interval Betwee Onset and Dec
	$\rightarrow$	8,	50)	1/6 2		8/2	11/2	<u></u>	nes	The			MINUTE
disease or condition resulting in death)		DUE TO (OR AS A CONSEQUENCE OF):											
disease or condition			C.A.D								1 1 11 Burg 1		
disease or condition resulting in death)	itiona.	b		A.	1)								YEARS
disease or condition resulting in death)  Sequentially list cond if any, leading to imm	ediate	b	(OR AS A CONS	EOUENCE O	OF):								YEARS
disease or condition resulting in death)  Sequentially list cond	ediate YING jury	b	(OR AS A CONS										Years
disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events	ediate YING jury	b	(OR AS A CONS	EQUENCE C	oF):	nderlying	cause (	given in	ı Part İ. 2	24s. WAS AN		7 246	b. WERE AUTOPSY FINDING
Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury	b	(OR AS A CONS	EQUENCE C	oF):	nderlying	ceuse (	given in		24s. WAS AN PERFOI	RMED?	7 24b	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury	b	(OR AS A CONS	EQUENCE C	oF):	inderlying (	j cause (	given in		PERFO	RMED?	f 24b	D. WERE AUTOPSY FINDHM AMILABLE PRIOR TO
Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury	b	(OR AS A CONS	EQUENCE C	oF):	nderlying	J cause (	given in		PERFO	RMED?	/ 24b	D. WERE AUTOPSY FINDING AMIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations.	ediate YING jury SST	b	(OR AS A CONS	EQUENCE C	in the u	26. PL	A)			PERFOI	RMED?	24b	D. WERE AUTOPSY FINDING AMIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury SST	b	deeth but not	resulting	In the u	26. PL	ACE OF D	EATH (C/		PERFOI	RMED?	/ 24b	D. WERE AUTOPSY FINDING AMIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	ediate YING jury SST	DUE TO  C.  DUE TO  d.  PALA  PA  HOSPITAL:	deeth but not	resulting  A  E  A  B  A  B  A  B  A  B  B  B  B  B  B	In the u	26. PL R: rsing Hom 28c, INJ WO	ACE OF D	EATH (C)	heck only one)	PERFOI	MED?		D. WERE AUTOPSY FINDING AMIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2	ediate YING jury SST  cant condition TO MEDICAL	b. DUE TO c. DUE TO d	deeth but not	resulting	OTHE 4 Numer OF JURY	26. PL P: P: Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psing Hom Psi	ACE OF D  5 X Re URY AT RK? 'ES 2	EATH (C)	heck only one)  6  Other (  28d. DESC	PERFOI  YES  Specify)  RIBE HOW	RMED?	CCURED	D. WERE AUTOPSY FINDING AMIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

LOCHMAVEN

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (MOVIE), Day, Year)

APR 1 1 1994

32. BEGISTRAP'S SIGNATURE
Julia Maridan Janda

MD.

		1 - FOR STATE REGISTRAR	TATE OF MARY		RTMENT OF I		MENTA	L HYGIEN	E		
	1	1. DECEMENT'S NAME (First, Middle, Last)  QUENTIN  J	Brisc	tin J. B			2. DATE	OF DEATH	7 9	EAR 3.	TIME OF DEATH  9=44 A M
pin	ė.	154 055033 1	6. AGE	(In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	(Mont	OF BIRTH 1		Country)	ACE (State or Foreign
. 2, 3 should	DIRECTOR	9a. FACILITY NAME (If not Institution, give street Siniai Hospita RESIDENCE OF DECEDENT				on Location of D	EATH		9c. COUNTY	OF DEAT	TH
permit. Pages 1,		10a. STATE 10b. COUNTY MYSKY 4 F 1/2			ry, town on Local						d. INSIDE CITY LIMITS?
	FUNERAL	408 E. 28th St.			10	21218			10g. CITIZEN		T COUNTRY?
215-0020 attending physician. se as the burial-transit	BY	11. MARITAL STATUS 12.  1 Never Married 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER FORCES? 1 YYES IF YES, GIVE WAR OR I	2 NO	If yes, sp	cendent of HISPA becify Cuben, Mexico S 2 DANO Specific	n, Puarto		or No.— 14.	Black, W	American Indian, thita, atc. Black
D 21	PLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade complete (Specify only highest grade complete (Particular only 1997). Complete (Specific only 1997).		(Give kind of life. Do NOT u	s usual occupati work done during ma use retired.)	ost of working		City (			nt
YLAN  by the hos  d be detach  at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Walter Briscoe				18. MOTHER'S NA Anna			Sumame)		
be retained to ge 5 should e notified	TO B	nse (Type/Print) Ann Meyers McFad	den			and Number or Rural ge Ave.				121	5
MORE, ge 6 may be frector, page r must be		20a. METHOD OF DISPOSITION  1 M Burial 2 Cremation 3 Removal from Stata  4 Donation 5 Other (Specify) Cremation Full rest VA 4-15 Baltimore, Md.									
BALTIMORE, after death. Page 6 may be noval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Douglass Funeral Service 1701 McCulloh St.  23. PART J. Enter the diseases, or complications that caused in death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,   Approximate									
wite ours spletely filled in the cremation, or rei		23. PART I. Enter the diseasea, or company ahock, or heart failura. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Seps	aach lina.							Approximate Interval Between Onset and Death
P.O. BOX 68' h certificate be execute anding physician and c Hygiene prior to bunia or other traumatic	CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	Diabe	A CONSEQUENCE OF		grein,	leg	\$ F	thdom	ln.	10 days mony years
RECOR  v requires that been signed by tt. of Health and shows any	MEDICAL	PART II. Other significant conditions co	ntributing to death	but not resulting	in the underlyin	g cause givan in	Part I.	24a. WAS AN PERFOR	MED?	AM CC OF	PERE AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
F VITAL SICIAN: The law certificate has b the State Depr. , or Item 23	PHYSICIAN:		SPtTAL:	Ipatient 3 DOA	OTHER:	LACE OF DEATH (C)					
PHY star star star star star star star star	ву рну	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28e, OATE OF INJURY (Month, Day, Year)	28b. Ti!	JURY 28c. IN.	JURY AT DRK? YES 2 NO		SCRIBE HOW IN	JURY OCCUR	EO	
TENDI TTENDI TTOR: A affer do	ETED B	3 Suicide 5 Could not be 4 Homicide datarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, scriy)	street, fectory, offic	:0		ATION (Street a or Town, State)	nd Number or	Pural Flout	e Number,
= 22 F	COMPLE	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN MEDICAL EXAMINER: OF								nuse(a) ar	nd manner as stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE (	296. SIGNATURE AND TITLE OF CENTIFIER		Ill		29c. LICENSE NU	MBER		29d. DATE S	GNED/M	onth, othy, Year)
	Ė	30. NAME AND ADDRESS OF PERSON WHO CO	hach &	EATH (ITEM 27) (Type	SINA	1 Hosp	77/	of	Balt	Ym	Ove
		31. DAPR 1 1 1994 Jul	32. REGISTRAR'S SIG	MATURE		,					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
i.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for us	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us
r death. Page 6 may be retained by the hospital or a	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hospital or a

	500										9	4	10423
	1 - FOR STATE REGISTRAR	STATE OF M		DEPAR					MENT	AL HYGIEN REG. NO			at .
	1. DECEDENT'S NAME (First, Middle, Last)	William	C. B	UMAN S FIW	MA	Y			MOI	TE OF DEATH	Ë	YEAR 94	3. TIME OF DEATH 6: 35A
	4. SOCIAL SECURITY NUMBER 705 - 03-5058	5. SEX	6. AGE (In yrs. Ia	St birthday)	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.		E OF BIRTH onth, Day, Year)	908	8. BIRTH Counts	HPLACE (State or Foreign or)
Œ	90. FACILITY NAME (If not institution, give a Harbor Hospital						R LOCATIO		ATH			UNTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT				Ь	alti	nore	CIE	у				
1	10e. STATE 10b. COUNT	Y				OR LOCAT							10d. INSIDE CITY LIMITS?
	Maryland 10e. STREET AND NUMBER				Balt	imor					1 🖾 YES 2		
FUNERAL	703 Devonshire	Dood				1	ZIP CODE				1255		WHAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN II C A	DMED	1 49		21229		#0 onic	IN? (Specify Ye		.S.A.	
В	1 Never Married 2 Merried 3 Never Married 4 Divorced	FORCES? 1 [ IF YES, GIVE WA	YES 2 🔀		13.	If yes, spe		n, Mexica	n, Puert	o Ricen, etc.)	or no-	Black Speci	E — American Indian, k, White, atc. #y: White
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. Di	ECEOENT'S Give kind of e. Do NOT u	USUAL C	OCCUPATIO during mo	N st of workin	19	1	66. KIND OF BU	SINESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-12) 9th	College (1-4 or 5+)		olic					l F	Baltimo	re C	itv I	Police Dept
OM	17. FATHER'S NAME (First, Middle, Last)							IER'S NA	_	, Middle, Maiden		10, 1	orree Depe
BE C	William George B	AUMAN					E1i	zabe	eth	ALBAU	GH		
TO B	19e. INFORMANT'S NAME (Type/Print)									mber, City or Tow		ip Code)	
-	Josephine E. Bau	man		703 I	)evo	nshi	ce Ro	l, Ba	alti	more,	MD	2122	29
	20e. METHOD OF DISPOSITION  1 2 Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		20b. PLACE cemetery, co Loudo	emetory or on a	of bispo other place CK C	sition (Na ) emete	me of ery		1			re, N	
	21. SIGNATURE OF FUNERALISEIVICE LI	CHOSES MV	a m		22	HUBI		FUNI	ERAI	HOME,			۵D 21229
[8] [0]	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	complications that List only one caus e. PNE	a on each lin	a.	not ente	r the mo	de of dyl	ng, auci	h aa ca	rdiec or reap	iratory a	rreat,	Approximate Interval Between Onset and Deat
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (0)  ALZ A  DUE TO (0)  HYPOT	OR AS A CONSE OR AS A CONSE	R'S OUENCE O	F):	DE	MEN	NTIF	4				
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO						WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only	one)			
Z	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4   Nu		• 5 □ Re	sidence	6 🗆 Ot	her (Specify)			
27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  27. Manner of Death  1 Netural 5 Pending Investigation  28. DATE OF INJURY (Month, Day, Year)  28. INJURY AT WORK?  M 1 YES 2 NO  28. INJURY AT WORK?  1 YES 2 NO							CCURED						
ETED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At he tc. (Specify)	ome, ferm,	straet, fac	tory, office			28f. LC	CATION (Street ty or Town, State)	and Numbe	er or Rural F	Route Number,
OMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of m											e) end manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	NO COMPLETED CAUSE	, M	D			29c. LICE	NSE NUR	ABER		29d. DA	TE SIGNED	(Month, Day, Year) -06 - 94

O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE

Julia Davidson Pandalle

31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

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iding physician.	the burial-transit permit. Pages 1, 2, 3 should		
AN: The law requires that the death certificate be executed withings hours after death. Page is may be retained by the hospital or attending in	ificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ALTENDING PHYSICIAL	TO THE FUNERAL DIRECTOR: After this certif	be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, or
			_

94 10424 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH Manthril 8 1994 1994 **EMILY** FRANCK **BERRY** 7. DATE OF BIRTH (Morth, Dey, Year) SEPT. 21, 1920 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 095-12-1023 1 M 2 F 73 STATEN ISLAND, NY 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4961 Flossie Avenue Frederick Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Frederick Maryland Frederick 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4961 Flossie Avenue United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Ricen, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 TYES 2 NO Specify BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only his Elementery/Secondery (0-12) College (1-4 or 5+) 2 YRS BOOKKEEPER TRINTY PRESBYTERIAN CHURCH 17. FATNER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) RUDOLPH FRANCK EMILE SCHULTZ BE 19 . INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GUY BERRY 4961 FLOSSIE AVENUE - FREDERICK, MD. 21702 20e. METNOD OF DISPOSITION
1 □ Burlel 2 X Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE METRO CREMATORY 4 Donation 5 Other (Specify) 4/12 BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List Dnly Dna cause on each line. intervsi Between **IMMEDIATE CAUSE (Final Onset and Daath** disease or condition dhoem Nohn Com resulting in dasth) DUE TO (FR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disesse Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 OF DEATN? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 2 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME DF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural Accident 1 YES 2 NO BΥ 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide

29e. CERTIFIER (Check only one)  MEDICAL EXAMINER: On the best of examination end/or investigation, in my desired in the control of examination end/or investigation, in my desired in the control of examination end/or investigation.		
296. 9jonature and title of certified	D 1397/	29d. DATE SIGNED (Month, Day, Year)  4 9 9 4
20 NAME AND ADDRESS OF DEDOME WILL COMMITTED CAUSE OF STATE ASSESSMENT		

Dr. Robert Kaufmann, M.D. 300 West 9th Street Frederick, MD 21701

32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1994 **APR** 

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PH	R: After thi	WPORTANT: If Item 28 is merked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAIL O	THE PITAL OR ATT	THE CINERAL DIRECTO	ORTANT: If Item 2.
(	7	9	E

STATE OF MARYLAND / DEPARTMEN	T OF HEALTH AND MENTAL	HYGIENE
CERTIFICAT	E OF DEATH	000 440

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	William	J. Bras	hears			MONTH	7 7 7 6	YEAR QQA	2:00 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (/	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year			IPLACE (State or Foreigh
(4)		1 ☑ M 2 □ F	78 YRS.	MONTHS DAYS	HOURS MIN.		915	Course	"Maryland
or.	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	INTY OF D	EATH
<u>ō</u>	Woods Parkway	6605 Apt.	lA.	_Dunda	lk		Ba	Ltim	ore
DIRECTOR	10s. STATE 10b. COUNTY			, TOWN OR LOCA	TION				10d. INSIDE CITY
	Maryland Balti	imore	Du	ında <u>l</u> k					LIMITS?
M	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CIT	IZEN OF W	VHAT COUNTRY?
FUNERAL	Woods Parkway 6				21222		Uni	ted	States
5	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO			NIC ORIGIN? (Specify in, Puerto Rican, etc.)		14. RACE Black	— American Indian, c, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIYE WAR OR DA	TES	1 TYES	2 NO Speci	<b>y</b> :		Speci	" White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	164. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INI	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	Carrier .	st of working				
₽ M	8		Paint	er				aint	Company
	17. FATHER'S NAME (First, Middle, Last)  JOSEPh	Brashears				ME (First, Middle, Mail		1	
B	19a. INFORMANT'S NAME (Type/Print)	brasilears	405 44411 1010	4000000 (Or	Fran		Hec		
2	Brenda L. Goell	er	Toln	a Stree	et S. 5	04 "Balte	Swn, State, M	d. 2	21224
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remov		PLACE AND DATE O	F DISPOSITION (Na	me of	DATE 20c.	LOCATION -	City or To-	wn. State
	4 Donation 5 Other (Specify)		etery, crematory or ot	her place)		1/9 B	1+im	oro	ма
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	reenmo	22 NAME AL	D ADDRESS OF FA	Ki/Choj	nacki	E E	I D 7
	* black (1	Chemes	ha	1005	Dundal	k Ave. 1	Balto	. N	d.21224
	23. PART i. Enter the diseases, or co	mplications that coused	the deeth. Do n	ot entar the mo	de of dying, suc	h se cerdiac or re	epiratory an	rest,	Approximate
	shock, or heart failure. Li IMMEDIATE CAUSE (Final	st only one cause on es	ch ilne.	Λ					interval Between Onset and Death
	disesse or condition resulting in desth)	_ set	estatu	yeen	dre				Lweek!
		DUE TO (OR AS A	CONSEQUENCE OF	):					
ON	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF	· ·					
CAT	if sny, leading to immediate cause. Enter UNDERLYING	, , , , , , , , , , , , , , , , , , , ,		,					
Ē	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):					
CERTIFICATION	resulting in death) LAST								
AL C	PART II. Other significant conditions	contributing to death bu	it not resulting i	n the underlying	cause given in	Part i. 24s. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
200							ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEL									OF DEATH?
ä									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
1YS	1 YES 2 NO	I ☐ Inpettent 2 ☐ ER/Outps 28a. DATE OF INJURY		4 - Nursing Hom		8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	28b, TIME	JRY WO	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HO	W INJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, ferm, s			28f. LOCATION (Stre	et end Number	or Rumi R	pute Number
COMPLETED	4 Homicide detarmined	building, etc. (Speci	(y)			City or Town, St.	ito)		
PE	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	dge, death occurre	d at the time, data	and place, and due	to the cause(a) and i	nanner as atal	ted.	
OM		On the basis of axamination							and manner se stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIED	1 4 00			29c. LICENSE NUI	WBER			(Month, Day, Year)
10	n. Venter &		con		019714		<b>•</b>	4/8/	1994
-	30. NAME AND ADDRESS OF PERSON WHO					4940	Eas	tern	Ave.
	Michael Purtel:	L M.D. Fra	ncis sco	ott Key	Med.	Cen.Balt	0., 1	Md	21224
	APR 1 1 1994	Julia Luyden	Mad. as						
	UITI I IOOA	0	Marine						

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. About after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

Carlton Ray Barnes  4. SOCIAL SECURITY NUMBER  219-05-2270  SEX  1 X M 2 F  74 YRS.  April 8 199  8 JUNDER 1 YEAR SF UNDER 24 HRS. MONTHS DAYS HOURS MIN. Feb. 16, 1920	3. TIME OF DEATH									
Carlton Ray Barnes  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. last birthday)  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MONTHS  MIN.  Feb. 16, 1920  Ba. FACILITY NAME (if not institution, give street end number)  Sec. COUNT										
219-05-2270  1 M 2 F 74 YRS.  MONTHS DAYS HOURS MIN. (Month, Day, Year)  Feb. 16, 1920  96. CITY, TOWN OR LOCATION OF DEATH  9c. COUNT	YEAR 1326 M									
219-05-2270   1X M 2   F   74 YRS.   Feb. 16, 1920    BB. FACILITY NAME (If not institution, give street end number)   9b. CITY, TOWN OR LOCATION OF DEATH   9c. COUNT	, BIRTHPLACE (State or Foreign									
9a. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNT	MD									
Carroll Co. General Hospital Westminster Carr  RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	Y OF DEATH									
RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION	011									
10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	011									
	10d, INSIDE CITY LIMITS?									
	1 TYES 2 NO									
104. STREET AND NUMBER 109. CITIZE	N OF WHAT COUNTRY?									
10e. STREET AND NUMBER 1537 W. Liberty Rd. 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. Porce Married 2   Y Married   PORCES? 1   Y Yes 2   No	.A.									
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. )	RACE — American Indian, Black, White, etc.									
IF YES GIVE WAR OR DATES	Black, White, etc. Specify:									
	White									
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	STRY									
Elementary/Secondary (0-12) College (1-4 or 5+)										
12 Farmer Farm										
(Give kind of work done during most of working life. Do NOT use retired.)  1.2. Farmer Farm  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)										
Charles Ray Barnes Blanche Brashiers										
	ode)									
Celeste Barnes  1537 W. Liberty Rd. Sykesville, MD 21	784									
20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — CR										
Taylorsville U.M. Cem. 4/11/94 Taylorsvi	11e MD									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	IIE, IID									
Burrier-Queen Funeral Directo	rs.									
12.12 W.Old Liberty Rd. Winfie  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest	1d,MD 21784									
disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1   YES 2   HO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check and const										
26. PLACE OF DEATH (Check only one)  EXAMINER?  HOSPITAL:  OTHER:										
OTHER.										
1 YES 2 NO 1 Inpatient 2 Eproutpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	RED									
	Rural Route Number,									
M 1 YES 2 NO										
M 1 YES 2 NO  2 Accident Investigation  26 PLACE OF IN HIDY At home for close for control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the										
2 Accident 3 Suicide 4 Homicide 5 Could not be determined  28e. PLACE OF INJURY — At home, ferm, street, factory, office  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated  29b SIGNATURE AND TITLE OF CERTIFIER  29d. DATE 3										
1   YES 2 MO 1   Inpetient 2   EPROutpetient 3   DOA 4   Nursing Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH 1   Minural 5   Pending Investigation 2   Accident 3   Suicide 8   Could not be determined   26e. PLACE OF INJURY At homicide 6   Other (Specify)  26e. PLACE OF INJURY At home, ferm, street, factory, office   26f. LOCATION (Street and Number or City or Town, Stele)  26e. CERTIFIER (Check only 1   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated one)  27. MANNER OF DEATH 28e. DATE OF INJURY   28b. TIME OF INJURY AT WORK?   1   YES 2   NO   26f. LOCATION (Street and Number or City or Town, Stele)  28e. PLACE OF INJURY At home, ferm, street, factory, office   26f. LOCATION (Street and Number or City or Town, Stele)  28e. PLACE OF INJURY At home, ferm, street, factory, office   26f. LOCATION (Street and Number or City or Town, Stele)  28e. PLACE OF INJURY At home, ferm, street, factory, office   26f. LOCATION (Street and Number or City or Town, Stele)  28e. PLACE OF INJURY At home, ferm, street, factory, office   26f. LOCATION (Street and Number or City or Town, Stele)	couse(e) end menner ee stated.									
2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 26f. LOCATION (Street end Number or City or Town, Stele)  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE 5	couse(e) end menner ee stated.									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ter death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

						94	10	1421	
	1 - FOR STATE OF MARYL REGISTRAR		TMENT OF HEA		NTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			2	DATE OF DEATH			TIME OF DEATH	
	LOLITA BREWER				MONTH DAY		YEAR 941	1:15P	м
		In yrs. last birthday)			DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLA	CE (State or Foreign	7
	214-22-2998 1□мӽ□г	73 YRS.	MONTHS DAYS HO	URS MIN.	10/15/19	20		O., MD	,
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR L	OCATION OF DEAT	4		Y OF DEAT		
9	FOREST HAVEN NURSING HON	1E	CATONS	VILLE		BAI	TIMO	RE	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	I too CITY	TOWN OR LOCATION				40.	I. INSIDE CITY	=
E	MARYLAND	100.011		D.D.				LIMITS?	
	10s. STREET AND NUMBER		BALTIMO 101, ZIP			40- CITITI	47	YES 2 NO	_
FUNERAL			101. 219			10g. CHIZE			
뿔	311 LYNHURST STREET  11. MARITAL STATUS  12. WAS DECEDENT EYER IF	III O ADMED	40 440 050500	21229			USA		_
	1 Never Married 2 Married FORCES? 1 YES	2 X NO	If yes, specify	Cuban, Maxican, F	ORtGIN? (Specify Yes Puerto Rican, etc.)	or No 1	Black, W	American Indian, hite, atc.	-4
BY	3 X Widowed 4 Divorced IF YES, GIVE WAR OR DA	MES	1 U YES 2X	NO Specify:			Specify:	Black	
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BUS	NESS/INDU	STRY		
ш	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during most of retired.)	working					
릴					Social	Sec	urit	y Adm.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18.	MOTHER'S NAME	(First, Middle, Maiden S	Surname)			
BEC	HOWARD SMITH			FANNIE	SEGER				
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and N			State, Zip C	Code)		-
2	DOROTHY MATTHEWS	311 1	LYNHURST	ST.	BALTO.,	MD	212	29	
	20s. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Name of								
	3 Buriel 2 Cremetion 3 Removal from State Cerr. 4 Donation 5 Other (Specify)	etery, cremetory or of OTIT, Δ NIF V	her place) VAT.T.FVM	\$? 4/11 EMODIA	1/94 RAT	ттмо	ਜ਼ਰ	MARVI.A	ND
	DULANEY VALLEYMEMORIAL BALTIMORE, MARYLAND  21. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERAL SERVICE LICENSEE  1. SECHNATURE OF FUNERA								
	► 70 × 77 ∧ ( )	111						HOME	
	23. PART 1 Enter the diseases, or complications that caused	<u>u</u>	<u> 14600 L</u>	IBERTY	HEIGHTS	AVE	NUE	21207	
	shock, or heart failure. List only one ceuse on a	ca lina.	ot enter the mode (	or aying, such s	s cardiec or respir	atory srre	st,	Approximate interval Betw	een
	IMMEDIATE CAUSE (Finel disease or condition	0		a 1 1	i Const	-		Onset and De	sth
	resulting in death) a. FCECE	ruyc	Caral	a v	nfonch	101		40 1	Ш
_	disease or condition a. A Cute Myo Caudia Marchon 40 Mul								
RTIFICATION	Sequentially list conditions, Due to (OR AS A	CONSEQUENCE OF	).						
AT	csuse. Enter UNDERLYING								
띮	CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A	CONSEQUENCE OF	):						
E	resulting in death) LAST								
뜅									
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  AMAILABLE PRIOR TO								
MEDICAL	UNDSCHOS, HO CHF, MO HUDELLEWICK 1 VES 2 CHO COMPLETION OF CAUSE OF DEATH?								
ME	HONNDOM, NO COL	D, G	PH 010	Domo	uba.		1	YES 2 NO	
ż	Ho Seizure disord	w.	0,000		Market 1				
SI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OF DEATH (Check	only one)				
lS.	1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outp	atient 3 🗆 DOA	OTHER: 4 Nursing Home 5	☐ Rasidenca 6	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		AT 26	d. DESCRIBE HOW IN	JURY OCCU	JRED		
ВУ	1 Natural 5 Pending 2 Accident Investigation		M 1 TES	2 NO	-				
	3 Suicide 8 Could not be 28e. PLACE OF INJURY	— At home, ferm, s	treet, factory, office	20	St. LOCATION (Street as City or Town, State)	nd Number o	r Rural Route	Number,	
COMPLETED	4 Homicide determined					_			
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	edge, death occurre	d at the time, date and	place, and due to	the cause(a) and man	ner as stated	1.		
WO.	one) 2 MEDICAL EXAMINER: On the basis of examination							d manner as state	ď.
EC	29b. SIGNATURE AND TITLE OF CERTIFIER	. 0 -		. LICENSE NUMBE	R I	29d. DATE	SIGNED /M	inth, Day, Year)	
BE	Mona	l le Ro	Ellyno -	D1836	2	> L	1/8/	9y .	
		The second second			-		1 - 1	1 1	

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

NOMAL K. DANG M.D., 3 455

31. DATE FILED (Month, Day, Voor)

APR 11 1994

June Alwalson Randall

Ave, Suite 206,

Wilkens

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) HENRY R. BEA	SLEY				2. DATE OF OBATH APRIL 50	1994 ^{YEA}	3. TIME OF DEATH 6:55 P		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 🖂 1	6. AGE (In		HE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BII	PITHPLACE (State or Foreign unitry) CAROLINA		
O.B.	96. FACILITY NAME (If not Institution, give street and number)  MARYLAND GENERAL HOSPITAL BALTIMORE CITY  96. CITY, TOWN OR LOCATION OF DEATH  n/a									
DIRECTOR	10a. STATE 10b. COUNTY  MD 17 a		10c. CITY, TO		IMORE	·		10d. INSIDE CITY  V. LIMITS?  T YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1100 PENNSYLVA	NIA AVENI	UE apt.6	apt.614 21217			10g. CITIZEN O	F WHAT COUNTRY?		
B	1 Never Married 2 Married FO	AS DECEDENT EVER IN L PRCES? 1/ AYES YES, GIVE WAR OR DATE	2 NO	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:			B	ACE — American Indian, lack, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12)  \( \text{N} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ge (1-4 or 5+)	ISA. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir STOCK	one during mo	st of working	R.J. F	REYNOLI			
BE CON	17. FATHER'S NAME (First, Middle, Lest) EDMOND BEASLE	Υ			18. MOTHER'S NA	R I C E	Surname)			
5		BAILEY	4027 P	DRTFR	AVE.,	Oute Number, City or Toy,	n. State Zio Code) . , I E N N E	SSEE 37914		
	20a, METHOD OF DISPOSITION 1 \( \text{ Aburtet 2 \( \text{ Cremetton 3 \( \text{ Power}\) Place AND DATE \( \text{ DATE OF DISPOSITION (Name of Competitive Places \( \text{ ON T \( \text{ PS T \ VA} \) O \( \text{ A - 11} \) OWING MILLS, MD									
	21. SIGNATURE DE FUNERAL SERVICE LICENSEE	KA	2	=WM.	C. MAR	CH FH 1	1101 E	. NORTH AVE		
Z	resulting in desth) e	Cardiopu  DUE TO (OR AS A C	Imarnary	Arre	est			Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other significant conditions control	ributing to death but	t not resulting in the	underlying	g csuse given in	Part I. 24a. WAS AN PERFOR	IMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
SICIA		PITAL:		HER:	ACE OF DEATH (Ch					
ЭНХ	27. MANNER OF DEATH 2	8s. OATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJ		6 C Other (Specify)  28d. DE\$CRIBE HOW II	NJURY OCCURED			
BY	Natural 5 Pending 2 Accident Investigation			1 1 1	ES 2 NO					
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							ral Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To one) 2 MEDICAL EXAMINER: On the							ne(a) and menner as stated.		
H	296. SIGNATURE AND TITLE OF CERTIFIER  Mys Swe	Chang		29c. LICENSE NUI			UMBER 29d. OATE SIGN			
5	M. Charg, M.D.	<u> </u>		enera	al Hopi	tal				
	APR 1 1 1994	PENSTRAPS SIGNAT	- Randell							

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DIVISION OF VITAL RECORDS, P.

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND I	MENTAL HYGIEN	E	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		Rose	V.	Barr	on		April 7	, 1994	
Pir		4. SOCIAL SECURITY NUMBER 217-14-0623	1 M 2 F	(In yrs. last birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV 6 19	, a	IRTHPLACE (State or Foreign ountry)
2, 3 should	RECTOR	98. FACILITY NAME (# not institution, give s 139 Iariat Road RESIDENCE OF DECEDENT	street and number)		% city, town	or location of de	ATH	9c. COUNTY C	
, ses 1,	Ĕ	10a. STATE 10b. COUNT	Y	10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY
-0020 ling physician. the burial-transit permit. Pages 1,	AL DIF	Maryland Balt	imore	Mid	dle Rive	I. ZIP CODE		10g, CITIZEN (	LIMITS?  1 YES 2 NO  OF WHAT COUNTRY?
1. Insit p	E	139 Lariat Road				21220		U. S.	7
020 physician. burial-trar	FUNER	11, MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indian, Black, White, etc.
5-0020 nding physic as the burial	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		ecify Cuban, Mexicer 2 NO Specify			Specify:
<b>™</b> 5 8	0	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b, KIND OF BUS	SINESS/INCLISTS	White
_ 5		(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)		vork done during mo		los kind or box	ML33/11003 [ F	
	COMPL	12		Beautic	ian		Beauty	Salon	
Ah the ho	Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden		
	5 111		Ulrich			Rose	Mar	У	Mattare
MAR retained 5 should	2	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Town		
		John Barron					le River,		
e 6 may rector, pa	2	20s. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem	noval from State cen	. PLACE AND DATE Of netery, crematory or ot	her place)			CATION — City of	
Page al direc		4 Donation 5 Other (Specify)	CENSEE 1 G	reenmount	Cremat	Orium 4/	11/94 Bal	timore	City, Md.
LT ath.		1 5	0 .				uneral Hom	e PA	
BA after de by the fu		Man 12	Jan-		1407	Eastern :	Avenue Es	sex. Ma	aryland 21221
filled in toon, or read		23. Pirk I. Enter the diseases or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	ach iine.		,	n as cerdiac or reapi	retory srreat,	Approximate interval Between Onaat and Death
P 0 10 1		reading in death)	DUE TO (OR AS A	COSEQUENCE OF	e a	1 m			
5 0 E	RTIFICATION	Sequentisly list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE	5	200			
	2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO COD AS A	CONSEQUENCE OF	1)				
O ding	T.	that initiated eventa resulting in death) LAST	DOE TO (OR AS A	CONSCOUENCE OF	j.				
DS, P.O ne death certifie attending Mental Hygie	'   Ш		d						
of the party of	ICAL	PART II. Other aignificant condition	na contributing to death b	ut not reaulting I	n tha underlyin	g cause given in i	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
RECOR  w requires that been signed by it, of Health an	ME						1 TYES 2		OF DEATH?  1 YES 2 NO
	AN		1						
上年 書書	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	N = I	OTHER:	LACE OF DEATH (Che		_	
II O SE	HYS	1 YES 2 NO	1 Inpatient 2 ER/Outp	28b, TIMI		No 5 Residence	8 Other (Specify) 26d. DE\$CRIBE HOW II	HIBY OCCUPE	
ON OF DING PHYSIC After this ce death with the	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 .	YES 2 NO	280. DESCRIBE HOW II		
ITENDI TTENDI TTOR: A after d		3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	treet, factory, offic	•	291. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
DIV HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours	COMPLET	one)	ICIAN: To the best of my know ER: On the basis of axamination						se(s) and manner as stated.
포트	B	296 SIGNATURE AND TITLE OF CERTIFIE	Atena	ing		29c. (IÇINSE NUM	nen (1(1	29d. OATE SIG	NED (Month, Day, Year)
223	10	30. WAINE AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type,	Print)	W10	OK OK	·ViTay	S. Naik
12		31. DATE FILED (Month, Day, Year)	KOOC	Ste	3, M	allsto	NMOS	2104	7
		APR 11 1994	Jalia d'Audio	Redall	,				



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	TO THE H	TO THE FL	IMPORTA

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) MARLIN BAUSUM BALLARD 2. DATE OF DEATH 4 -3. TIME OF DEATH MARLIN BALLARD 1994 APRIL 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 73 212160118 1 M 2 | F DAYS HOURS MIN YRS. Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Good Samaritian Hospital Baltimore NA RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Co Baltimore 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8648 Oakleigh Road 21234 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2X Married If yes, specify Cuben, Maxican, Puarlo Rican, etc.) 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Harry Tanneyhill Ballard Dagmar Eleanora Paulsen H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edith J. Ballard 8648 OakleighRd, Baltimore, MD21234 20a. METNOD OF DISPOSITION
1 ☐ Burlai 2 ☐ Cremetton 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE 4 □XDonation 5 □ Other (Specify) 21. SIGNATURE OF FONERAL SERVICE LICENS Ronald 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Wade, Dir 655W, Baltimore St, Balto, MD21201 ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock, or haert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ MYOCARDIAL INFARCTION IMMEDIATE reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CORONARY ARTELY DISEASE SELENAL YRS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

that initiated eventa resulting in death) LAST	d	
PART II. Other aignificant cond	litions contributing to deeth but not resulting in the underlying cause given in Part I. $\mathcal{DN}/\mathcal{A}$	24s. WAS AN AUTOPSY PERFORMED?

1 10 Eq at 01	V/7		1   YES 2   7NO	OF DEATH?  1 YES 2 WHO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 PYNO	HOSPITAL: 1 M Inpetiant 2 - ER/Outpetient 3 - DOA	26. PLACE OF DEATN (C		L	
27. MANNER OF DEATN  1 Netural 5 Pending Investigation	26s. DATE OF INJURY 28b. TI	ME OF SURVEY AT WORK?  M 1 YES 2 NO	26d. DESCRIBE NOW INJURY OCCURED		
3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At home, ferm building, etc. (Specify)	, street, factory, office	28f. LOCATION (Street and Number or Flural Route Number, City or Town, State)		
29a, CERTIFIER 1 CERTIFYING PMYS	ICIAN: To the heat of my knowledge doub con-	LA MIRE MAN SERVICE CONT.			

29a, CERTIFIER	1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.
(Check only	The destricting entraction in the cest of my knowledge, destriction at the time, date end place, and due to the cause(a) and menner es stated.
one)	BEDICAL EVALUATE OF The Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late of the Late o

2 MEDICAL EXAMINER: On the beals of examination and/or investigation	, in my opinion, death occured at th	e time, data and place, and due	to the ceuse(s) end menner as stated.

N. Moutoodden, M.D.	20c. LICENSE NUMBER 6-07614	29d. DATE SIGNED (Month, Day, Your)  April 1, 94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
JOSEPH	BOATENG	MB.	000D	SAMALI TAN	HOSP.	BALTO.	MD

31. DATE FILED (Month, Pay, Year)
APR 1 1 1994 32 REGISTRAN'S SIGNATURE

DHMH-16 Rev 1/89

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attending physician.

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PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1 YES 2 NO  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF OEATN (Check only one)  27. MANNER OF OEATN  1 YES 2 NO  28. PLACE OF OEATN (Check only one)  29. PLACE OF OEATN (Check only one)  20. THER:  1 YES 2 NO  20. THER:  1 NOTHER:  20. THER:  21. WAS AN AUTOPSY PROFILE OF DEATH (Check only one)  24b. WERE AUTOPSY PROFILE OF DEATH (Check only one)  24b. WERE AUTOPSY PROFILE OF DEATH (Check only one)  24b. WERE AUTOPSY PROFILE OF DEATH (Check only one)  24b. WERE AUTOPSY PROFILE OF DEATH (Check only one)  24b. WERE AUTOPSY PROFILE OF DEATH (Check only one)  24c. WAS AN AUTOPSY PROFILE OF DEATH (Check only one)							
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2 Accident Investigation M 1 YES 2 NO							
3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Bural Route Number. building, stc, (Specify)							
29a. CERTIFIER							
(Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only							
29a. CERTIFIER (Check only one)  2 IMEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
296. SIONATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G. J. G							
SISTING TOURS WITH RESTORE							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
J. DAVIS 6M) N. Wolfe St. Baltomore, Mn 21231.							
31. DAYUS GM) N. Wote St. Balto, More, M.D. 21236							
31. DATE FILED (Month, Day, Mar)  32 AEGISTRAP'S SIGNATURO  APR & 1/1994  July Division hardell							

020	nhveir
215-0	affending
LAND 21	the hospital or
MARY	retained by
<b>BALTIMORE, MARYLAND 21215-0020</b>	fours after death. Page 6 may be retained by the hospital or attending physical
0	
P.O. BOX 68760	th certificate be executed with
). BO	rtificate be
P.0	th cer

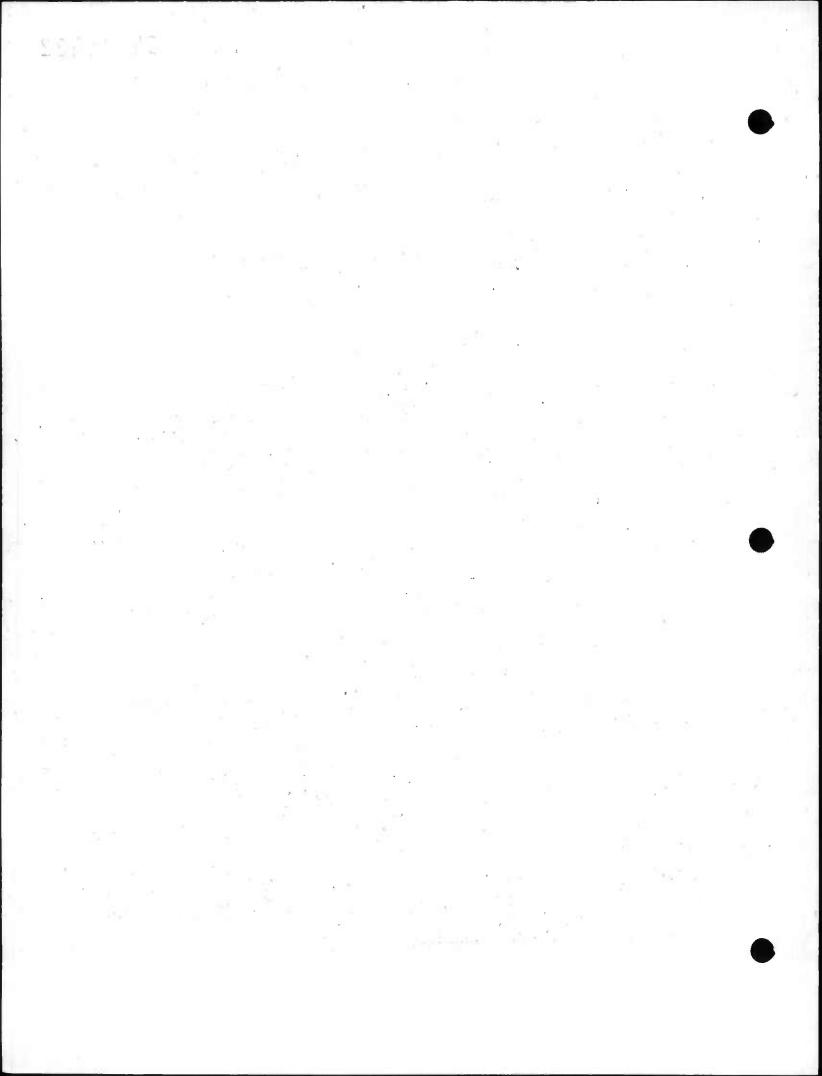
DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with found after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	t. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	WILLIAM HA	HAYES BROWN, JR.			3-30-9		1:40A M			
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6, AGE (In yrs. las			7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign			
	217 44 2458	X M 2 □ F 86	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 8-28-190	7 Pe	mnsylvania			
	9a. FACILITY NAME (If not institution, give street a	and number)	9b. CITY	, TOWN OR LOCATION OF DE		9c. COUNTY OF				
O.	25 Monroe St #	7	We	estminster		Carro1	1 County			
נל	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY									
DIRECTOR		oll Co.	10c. CITY, TOWN C				10d, INSIDE CITY LIMITS?			
	Maryland Carr 100. STREET AND NUMBER	011 00.	wesi	tminster			t YES 2 NO			
RA	25 Monroe St #7	101. ZIP CODE			157	10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL		WAS DECEDENT EVER IN U.S. AF			157		USA			
	1 Never Married 2 A Married	FORCES? 1 YES 2 X		WAS DECENDENT OF HISPAN If yea, specify Cuban, Maxica		or No- 14. RAG	CE — American Indian, ck, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	'	I ☐ YES 2 ☐ NO Specify	r.	Spe	White			
ED	15. DECEDENT'S EDUCATIO		CEDENT'S USUAL OF	CCUPATION	16b. KIND OF BUS	INESS/INQUSTRY				
	(Specify only highest grade comp Elamentary/Secondary (0-12) Co		ive kind of work done ( . Do NOT use retired.)	during most of working						
릴	12 +		eteorolo	ogist			1			
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)				
BE (	William Hayes Bı	rown, Sr		Margare	et Aurel	ia Ba	rrington			
2	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDRESS	(Street and Number or Rural F	Route Number, City or Town	, State, Zip Code)				
F	Mrs REbecca L. B	rown	25 Monro	pe St,#7,W	estminste	er, MD 2	1157			
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal f		AND DATE OF DISPOS	ITION (Name of	DATE 20c. LOC	ATION — City or 1	Town, State			
	4 X Donation 5 Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Ronald Wade								
	\\\\X\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MALL	6	55W.Baltim	oreSt,Bal	lto,MD2	21201			
L	23. PART I. Enter the diseases, or comp	licetions that ceused the de	eth. Do not enter	the mode of dying, such	n as cerdlec or respir	ratory errest,	Approximate			
Щ	ehock, or heert fallure. List of IMMEDIATE CAUSE (Finel	only one cause on each line	<b>).</b>	1		/	7 Interval Between Onaet and Desth			
	disease or condition resulting in desth)	Cor	no eo	Shine t	gant	Tall	upo week			
	resulting in destri)	DUE TO (OR AS A CONSE	OUENCE OF):	00 0		1				
Z	C h.	alre	& Lil	rellate	Ju.					
5	Sequentisity liet conditions, if sny, lesding to immediate	DUE TO (OR AS A CONSE	DUENCE OF):		1		0			
2	CAUSE (Disease or injury	arler	sacre	ralle c	ardio	v-os er	il or			
E	thet initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST									
CERTIFICATION	d	aran					7			
AL	PART II. Other significent conditions con	ntributing to death but not r	esulting in the un				b. WERE AUTOPSY FINDINGS			
SC	Devere, c	bronie,	Medio	maline	PERFORM	WEO7	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME	lung do	orse; q	raki	he			1 YES 2 NO			
ä	mulblus	; PEPA	7	-		i				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL	Limates	26. PLACE OF DEATH (C/n)	ock only one)					
Sign	1 ☐ YES 2 ☐ HD 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 4 ☐ Hursing Home 5 ☐ Residence 8 ☐ Other (Specify)									
PHYSICIAN: MEDIC	27, MANNER OF DEATH	28s. DATE OF HUIURY (Month, Day, Year)	366, TIME OF SHJURY	28c. INJURY AT WORK?	284. DESCRIBE HOW IN	JURY OCCURED				
1 Natural 5 Pentiting 2 Accident Investigation M 1 VES 2 NO										
	4 Homiside determined									
Check only one)   Certifying Physician: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
									29b. SIGNATURE AND TITLE OF CERTIFIER	
1 9 7 1 1 0 1 1 1 0 0 1 1 2 - 3										
5	30. NAME AND ADDRESS OF PERSON WHO COL	MPLETED CAUSE OF DEATH ITEE	4 27) (Apo, Print)	VI	1	. 1				
	EPHRAIM BARZAGA-HEW-WINGSOR21770									
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1 4							
	APR 1 1 1994	This Studen Rand	all							
	V						DHMH-16 Rev 1/89			



ITEMS: 23 PART I, 27, PER MEO FILM G-710 4/27/94 t.t.

	REGISTRAR  CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH										
	FANNIE		C		BURDE	ተውሞ	MON MA	TH	31	YEAR 94	12:35 P
	4. SOCIAL SECURITY NUMBER 220 46 9254	5. SEX	8. AGE (In yrs. I	est birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	7. DAT	E OF BIRTH	8. BIRTH	IPLACE (State or Foreign	
NG.	36. FACILITY NAME (If not institution,		ΔD.			OR LOCATION OF	DEATH		9c. COUN		
DIRECTOR	16076 A.E. MULLINEX ROAD LISBON HOWARD COUNT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE										
										1 YES 2 NO	
FUNERAL	16076 A. E. Mullinix Road 21797 USA										
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BE CO											
10	190. INFORMANT'S NAME (Type/Print)  Debbie Bryan, RN Guardian  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  16076 A E MullinixRd, Woodbine, MD 21797										
	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Remove from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)										
	21. SIGNATURE OF FUNDRAL SERVICE LIBERISES ROMALD Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, anock, or haert failure. List only one cause on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CARDIAC ARRYTHMIA										
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AL CERTIFICAT	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. CARDIAC DUE TO b. DUE TO c. DUE TO d.	ARRYTHMI (OR AS A CONS (OR AS A CONS	A  EOUENCE O  EOUENCE O	not enter the m	ode of dying, s	uch aa ca	rdiac or rea	apiratory arre	eat,	Approximata Interval Betwee Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des Onset and Des On
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law requires that the death certificate be executed within the hours after death. Page 6 ma	ee	fter death with the State Dept. of Health and I
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10434 ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-710 4/20/94 t.t. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)
ROBERT 2. DATE OF DEATH 3. TIME OF DEATH E, CLARK Jri APRIL 94 8:50 P.M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN
(Morth, Day, Year)
12 -17-1959 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-80-9214 DAYS HOURS Maryland 1 M 2 □ F 34 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2922 E. Pratt Street 21224 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Never Married 2 Married If yes, specify Cuben, Maxican, Puerto Rid 1 ☐ YES 2本 NO Specify: BY Specify: White 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) self employed 12th Home Improvement _____ 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Middle Maiden Surname) Robert E. Clark Sr. Nancy Botzum BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert E. Clark Jr. 2922 E. Pratt Street Balto, Md. 21224 20a, METHOD OF DISPOSITION
1X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE ÖÄK"LAWN" CEMETERY 4 - 13Baltimore, Maryland 21. SIGNATURE OF EUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Joseph N. Zannino Jr. Funeral Home 263 S. Conkling St. Balto. Md.21224 23. PART + Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition NARCOTIC, ALCOHOL AND COCAINE INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted eventa resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE TYES 2 | NO YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1XXES 2 NO 1 ☐ Inpetient XXER/Outpetient 3 ☐ DOA 4 - Nursing Nome 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 8:30 P M 4-9-94 1 YES 2 KNO LINKNOWN В 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 XXCould not be 4 Homicide determined HOME 27 N. CURLEY ST. BALTIMORE, MD. 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated, WE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE

TE PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

GISTRAR'S SIGNATURE

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

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ours after death. Page 6 may be retained by the hospital or attending physician. "The furneral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after this certificate has been signed by the attending physician and completely med in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any inline or rather than the completely med in the companion or removal.

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	Item20b,Film710,4								15 TVE-5.1	94	1 (	1435		
	1 - STATE REGISTRAR	SIAIE UF N	MAKTLAND /	ULPAR	ICAT	FOF	DEAT	AND N H	MENTAL HYGIEN REG. NO					
	1. OECEOENT'S NAME (First, Middle, Last)						DLA		2. DATE OF DEATH		3.	TIME OF DEATH		
	SAMU	DT.	C00	DED					MONTH D		YEAR			
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. le		IF UNDE	R 1 YEAR	IF UNDER 2	A HRS	7. DATE OF BIRTH	1994	RIDTHOL A	9:15 P M		
	089-01-4133	1 1 M 2 □ F	79	YRS.	MONTHS	1	HOURS	MIN.	(Month, Day, Year) OCT. 27,1	014	Country)			
	9e. FACILITY NAME (If not institution, give	19		Oh CIT	V TOWAL	OR LOCATION	1 OF DE		914	_	YORK			
000								N OF DE	AIH					
DIRECTOR	RESIDENCE OF DECEDENT	TAE				BALT.	IMORE			BALT	IMOR	<u> </u>		
<u> </u>	10a, STATE 10b, COUN	гу		10c. CIT	Y, TOWN	OR LOCA	TION				10-	d. INSIDE CITY		
l H	MD B	ALTIMORE			BAL	TIMO	RE				1,1	LIMITS?		
7	10e. STREET AND NUMBER			1			. ZIP CODE			10g. CITIZE		T COUNTRY?		
1 8	6805 PIMLICO D	RTVE					21	209			US			
FUNERAL	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. AF	RMED	13.	. WAS DEC			IC ORIGIN? (Specify Yes	or No. 1		American Indian,		
	1 Never Married 2 Married		YES 2	NO If yes, specify Cuban, Maxicen, Pus							Black, W Specify:	hite, atc.		
BY	3 Widowed 4 Divorced			WWI			X				opouny.	WHITE		
E	15. DECEDENT'S ED (Specify only highest grad		16a. De	ECEDENT'S	USUAL C	OCCUPATION	ON		16b. KIND OF BU	SINESS/INDU	STRY			
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT u	se retired.	)	ast of working							
를		5+		ע עויע	ORNI	FV			ΔΤ Т.	A TAT				
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	ER'S NAM	NE (First, Middle, Maiden					
BEC	MAX (MENDEL	)		COOL	PER			JENN	TE	FTN	KELS'	PETN		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORES	SS (Street a			oute Number, City or Tow					
2	MRS. LEETTA	COOPER		6805 PIMLICO DR, BALTIMORE, MD 21209										
2	20a. METHOD OF DISPOSITION  20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory													
	1 Surial 2 ☐ Cremation 3 ☐ Rat	moval from State	cemetery, cre	ematory	Nusa	ach		TOAM	ID) 4-6-9		100			
5	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	ILIODAW.	110 1			ND ADDRESS			4 ROD	EDALI	ביו ויום		
	1 setti	111	141			SOL 1	LEVINS	SON	& BROS, II	NC.				
	xiew 1	m w	nen						TOWN RD,			MD 21215		
	23. PART I. Enter the diseases, or ahock, or heert failure	complications that. List only one cau	1 ceused the de	eeth. Do	no1 ente	r the mo	de of dyln	g, such	as cerdiec or rasp	ratory arres	11,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final											Onset and Death		
5	disease or condition reaulting in death)	a. CAN O	GR U	NKO	by wh	N	PRI	mA	HR34			3 MOC		
		DUE TO	(OR AS A CONSE	OUENCE O	F):	-		1—V1						
Z		b.												
ERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO	(OR AS A CONSE	OVENCE O	F):									
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C,												
E	that initiated eventa	DUE TO	(OR AS A CONSE	QUENCE O	F):									
	resulting in deeth) LAST	d												
Ö	DART II Other significant and disc	and and the stands	death had an	- 107							_			
MEDICAL	PART II. Other aignificent condition	CONFIDURING TO	deeth but not	resulting	in the u	inderlyin	g ceuse gi	ven in I	Part i. 24a. WAS AN PERFOI			RE AUTOPSY FINDINGS VILABLE PRIOR TO		
ă	PROSITIE	THU CF	B	an de					1 D YES 2	-NO		MPLETION DF CAUSE 0EATH?		
H	MALTONA	NT A	CIN	عد							1 (	YES 2 NO		
Ë														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF DE	ATH (Che	ck only one)					
S	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	4 🗆 Nu	ER: Insing Hon	o 5 Mas	idence	8 Other (Specify)					
; <b>£</b>	27. MANNER OF GEATN	28a. OATE OF		28b. TIN		28c. IN.	JURY AT		28d. DESCRIBE HOW	NJURY OCCU	RED			
BY F	Natural 5 Pending	(Month, D	ay, reary	114	M	1 🗆	YES 2	NO						
	2 Accident investigation 3 Suicide 6 Could not be	26a. PLACE O	F INJURY — At h	ome, ferm,	street, fac	ctory, offic	:0		28f. LOCATION (Street		Rural Rout	Number,		
TED	4 Homicide determined	building,	etc. (Specify)						City or Town, State;					
LET	29a. CERTIFIER	DICIANI, T			17									
Z Z	(Check only								to the cause(a) and ma					
COMPL	2 MEDICAL EXAMIN	_	aminution and/or	investigation	on, in my	opinion, d	eath occure	d at the	nme, data and place, ar	d due to the	cause(a) an	d manner as stated.		
ш	296, SIGNATURE AND TITLE OF SENTIFI	ER V	200				29c. LICEN	_		29d. DATE	SIGNED (M	onth, Day, Year)		
0	0 35606 + 4/6/94								V					

LETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 1916 21C rossroa Heuster Roof DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	may be retained by the hospital or attending physicia
ALTIMO	death. Page 6
	ours after
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. OR ATTINONG PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physicia
VISION OF VITAL	ENDING PHYSICIAN: The la

HE HOSFIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

0	1. DECEDENT'S NAME (First, Middle, Lest)  Laurene Chambers  2. Date of Death MONTH   DAY YEAR   3. TIME OF DEATH													
							April 5 914 05			0520				
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. 81		IF UNDER	DAYS			7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE ( Churitry)		ACE (State or Foreign	
Y	103-12-0000			YRS.				Dec.9, 191		2		IOWA		
	9e. FACILITY NAME (If not inatitution, give				OR LOCATI				Sc. COUN	TY OF DEA	тн			
5	Union Memori	В	alt	imo	re (	City								
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUN		10c. CIT	Y, TOWN O	R LOCAT	ION	7.1.5				1	A INSIDE CITY		
	Maryland	Baltimor										10d. INSIDE CITY LIMITS?		
	10e, STREET AND NUMBER	Daitimor	е	1			ZIP COD	-			40 - DITIS		T COUNTRY?	
UNERAL		1				101	. ZIP COU	2.7	011					
2	8345 Mindale Cii	12. WAS DECEDE			1				244			ed St		
5	1 Never Married 2 Merried	FORCES?	T YES 2	YES 2XXNO			ectly Cubi	ın, Mexica	NIC ORIGIN? (S in, Puerto Rica		or No-	14. RACE Black, \	- American Indian, White, atc.	
	3 ₩ Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1	TYES	3/23/MO	Specif	)y:		1	Specify:		
	15. DECEDENT'S ED	UCATION	160	DECEDENT'S	USUAL OC	CLIBATIC	M		18h Kin	ID OF BURN	MESS /IMPA		asian	
	(Specify only highest gra-	1,322	(Give kind of v	EDENT'S USUAL OCCUPATION  In of of work done during most of working  NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY										
2	12th grade	+)	Recept	,	st	and	Cler	k						
COMPLE	17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd	in Adalatan B	1 mm m m = 1			
		Villiam B	recht				10. MO1	nen a NA	Grace					
2	19e. INFORMANT'S NAME (Type/Print)			10h MAII INO	ADDRESS	(Dhenna -	and Mr. and -		Route Number, (			0-4-1		
2		out											200	
	20a. METHOD OF DISPOSITION	Mt.Washington Court Baltimore, MD 21209												
	1 Burial 2 Coremetion 3 Ra		cophisposition (Name of OATE 20c. LOCATION — City or Town, State Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and Company and C											
	21. SIGNATURE OF PUNERAL SERVICE LETTER  22. NAME AND ADDRESS OF FACILITY LOTING Byers Funeral Directors, INC.													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition									Approximate Interval Batwee Onset and Das				
NO	DUE TO (OR AS A CONSEQUENCE OF):								Iwk					
NO INCIDING	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST									20 y				
MEDICAL CE	PART II. Other eignificent condition	t resulting i	in the un	derlying	cause	e given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO			ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
SICIAIN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO													
	27. MANNER OF BEATH  1 Netural 5 Pending Investigation 3 Suicide		AE OF 28c. INJURY AT UORK?  M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUREO											
	3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)											W.U.		
	29e. CERTIFIEN (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner se stated.													

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)  RUTH  N	AOMI DY				2. DATE OF DEATH MONTH 10, T	994 YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214 52 1233	1 M 2 XF	16 YAS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 08/03/194	7 Cun	THPLACE (State or Foreign nor) Derland, Md.	
TOR	9a. FACILITY NAME (If not institution, give street and number)  810 Maplecrest Drive  9b. CITY, TOWN OR LOCATION OF DEATH  Middle River  Baltimo:								
DIRECTOR	10a. STATE 10b. COUNT	more County	10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO	
FUNERAL	810 Maplecrest Dr	ive			. ZIP CODE 21220		10g. CITIZEN OF	WHAT COUNTRY? U.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Ricen, atc.)	Bis	CE — American Indian, ack, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Give kind of wo life. Do NOT use	rk done during mo retired.)	st of working	16b. KIND OF BUS			
OMP	17. FATHER'S NAME (First, Middle, Last)		Security	OTTICE		HOSP:			
BE C	Clyde I.	Dye			Marie				
10	19a. INFORMANT'S NAME (Type/Print) Tessa Lynn Rains	(daughter)				Route Number, City or Town Middle Rive		yland 21220	
	20e. METHOD OF DISPOSITION 1 K Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ovel from State 20b.	PLACE AND DATE OF elery, cremetory or othe LIV HILL	DISPOSITION (Na or place) Mem. Ga	rdens 04	DATE 20c. LOC 1/13/94 Bal	cation — city or timore (	Town, State County, Md.	
	1 K Burlet   2   Cremation 3   Ramovel from State   Complete, crematory or other place)   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complet								
	23. PART I. Enter the diseases, or ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Squamon	sch line.				atory arrest,	Approximate Interval Between Onant and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in deeth) LAST	с.	CONSEQUENCE OF):						
PHYSICIAN: MEDICAL CI	PART II. Other algnificent condition	e contributing to death be	ut not resulting in	the underlying	g ceuse given in	Part I. 24a. WAS AN / PERFORI 1 TYES 2	MED?	Nb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
YSIG	1 TES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outp	etlant 3 DOA 4	OTHER:	5 Rasidenca	a Other (Specily)			
	27. MANNER OF DEATH  1 Naturel 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI		RK?	28d. DESCRIBE HOW IN	JURY OCCURED		
TED BY	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, ferm, strify)	set, factory, office		28f. LOCATION (Street at City or Town, State)	t and Number or Rural Route Number, e)		
COMPLETED	onal	ICIAN: To the best of my knowless: On the basis of exemination						o(s) end manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	LLY De	eill		29c. LICENSE NUI	MBER	29d. DATE SIGNE  ▶ 4-	ED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	S the Pring	anni)	2044	Cerlez, 6	BMORE	ye st	
	APR 1 1 1994	JUA WRULLER	Carlall						

(8.1.1.3)

	1 - STATE REGISTRAR  CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Last)  Mildred Turner Dobson  2. Date of Death 3-31-94  3. Time of Death											
	MILDREDT	DOBSON	Turner	Dobson	MONTH	DAY	94 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	5. SEX & B. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF	BIRTH	BIRTHPLACE (State or For					
	511-22-1463	1 🗆 M 2 🔼 F	75 YRS.	IONTHS DAYS HOURS MIN.		23-18 1	MARYLAN.					
œ	90. FACILITY NAME (If not institution, give		, 14	9b. CITY, TOWN OR LOCATION OF D	-	9c. COUNT	Y OF DEATH					
70	DEATON SPECIALTY HOSPITAL AHOME BULLIMONE City RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION 10d. INSIDE CIT LIMITS?											
	Duz Clinol C											
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT COU  112. A											
JNE	11. MARITAL STATUS	12 WAS DECEDENT EVED I	N U.S. ARMED	21229	NIC OBIGINS		USA 4. RACE — American India					
	1 Never Merried 2 Married	FORCES? 1 YES	2 - NO	If yes, specify Cuben, Mexico	en, Puerlo Ric		Black, White, etc.					
) BY	3 Widowed 4 Approced											
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY											
PLE	Elementary/Secondary (0-12) College (1-4 or 5-1) Iffe. Do NOT use retired.)											
COMPL	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surneme)											
ш	Sherman Blaine Turner Sadie Mae Paige											
TO B	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
F	Eric Dobson 814 Wedgewood Rd, Baltimore, MD 21229											
	20e. METHOD OF DISPOSITION 1   Burlel 2   Cremellon 3   Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other piece)											
	4 X Donation 5 Q Other (Specify)	ICENSOR 1 1 1 1		I as ariting to a second								
	1. DONATURE OF FULERAL SERVICE LICENSCR Onald Wade, Dir  22. NAME AND ADDRESS OF FACILITY State Anatomy Board  655W. Baltimore St. Balto MD21201											
1	655W.BaltimoreSt,Balto,MD21201											
	23 PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory srrest, shock, or haert failure. List only one cause on each line.											
- 4	IMMEDIATE CAUSE (Fine) Onset and											
- 01	IMMEDIATE CAUSE (Fine)	•					Interval Be					
		. Cancer of	Hestomae				Interval Be					
7	iMMEDIATE CAUSE (Fine) disease or condition	. Cancer of					Interval Be					
LION	iMMEDIATE CAUSE (Fine) disease or condition	e. Cancer of DUE TO (OR AS A	Hestomae	h with meks b			Interval Be					
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DIVISION OF VITAL RECORDS, P.O. BOX 13	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exec
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APR 1 1 1994

32. BEGISTRAR'S SIGNATURE

Fulia Buridan Andall

	FOR STATE REGISTRAR		STATE OF I	MARYL					DEA!		MEI		GIEN			-9	
	1. DECEDENT'S NAME (First,			F		iot						DATE OF DE	ATH DA	<b>a</b> 1	YEAR	3. TIME OF DE	ATH A
	4. SOCIAL SECURITY NUMB	A.	S. SEX		(In yrs. les	-		R 1 YEAR	E IMPE	R 24 HRS.	7	DATE OF BIR	TH	7 /	994	HPLACE (State of	Foreign
	219-10-2905		1 XM 2 □ F	o. Auc.	91	YRS.	MONTHS	DAYS	HOURS	MIN.		(Month, Day, )	bar)	000	Count	(ry)	roreign
	9a. FACILITY NAME (If not in				91		9h CIT	Y TOWN	OR LOCAT	ION OF D			1902 I OWA				
Œ	2130 South								d1awr								
18	RESIDENCE OF DEC		toau					WOO	TTAWL	1					ва	<u>Ltimore</u>	
DIRECTOR	10a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOCA	TION							10d. INSIDE C	ITY
	Maryland						Woo	dla	νn							1  YES 2	X NO
AL.	10e. STREET AND NUMBER						10	1. ZIP COC	E				10g. CIT	IZEN OF	WHAT COUNTRY	7	
FUNERAL	2130 Sou	2130 Southland Road							2	21207	7				U.S.	Α.	
٦	11. MARITAL STATUS		12. WAS DECEDER				13.					RIGIN? (Specierto Rican, a		or No-	14. RAC Blac	E — American li k, Whita, atc.	ndian,
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COMPLET	17. FATHER'S NAME (First, M	liddle, Last)				1110	CSCI	Lgall	7	HER'S NA	ME (	First, Middle, I				Amini	strat
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BE	19a. INFORMANT'S NAME (7	Type/Print)				b. MAILING	ADDRES	S (Street	and Numbe	or or Rural	_	Number, City				21784	
2	Mr. William B. Goode					6515	Car	rol	L Hig	h1ar	nd	Road	S	vkes	.v.f 1.1	e, MD	
	200 METHOD OF DISPOSIT	ION		20	b. PLACE	OF DISPO			metery, cre							own, Stata	
	1 ABurial 2 Crematic		oval from State	_ L	ake		Мет	. Pa	ark	4-1	2-	.94 S	yke	svil	le,	MD	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE				22	. NAME A	ND ADOR	ESS OF F	ACILIT	neral	D.				
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₹	1 YES 2 NO		1 - Inpatient 2		patient 3	26b. TII		arsing Ho	JURY AT	rasidence		Other (Spec		N.IURY O	CCUBED		
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B	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJUR	Y — At he	ome, farm,	street, fe				28	f. LOCATION	(Street	and Numb	er or Rural	Route Number,	
	4 Homicide	Could not be determined	building	, etc. (Spe	eclfy)	,		,, -21			"	City or Town					
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 1994 APRIL 7, YEAR 5:50 P FRIEDMAN MORRIS 7. DATE OF BIRTH (Month, Day, Year) NOV 9, 1904 113-12-2179 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 MRS YRS NEW YORK Pages 1, 2, 3 should 96. CITY, TOWN OR LOCATION OF DEATH REISTERSTOWN SE COUNTY OF DEATH CHERRYWOOD MANOR NURSING HOME DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY MARYLAND 1X YES 2 NO permit. 100. STREET AND NUMBER 3601 FORDS LA FUNERAL 10g. CITIZEN OF WHAT COUNTRY? USA 101. ZIP CODE 21215 APT 102 funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES X NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 □ Divorced WHITTE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe College (1-4 or 5 +) DRIVER TRUCKING 17. FATHER'S NAME (First, Middle, Last)
WOLF (WILLIAM) 18. MOTHER'S NAME (First, Middle, Meiden Surname) HULDA FRIEDMAN LE:VY 76 BE notified 190. INFORMANT'S NAME (Type/Print)

VIRS SHIRLEY GREEN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 2919 MARNAT RD BALTIMORE must be METHOD OF DISPOSITION

Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE M Buriel 2 Cremation 3 4 Donation 5 Other (Specify) ARLINGTON (CHIZUK AMUNO) BALTIMORE, MD 4/8/94 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD med in by the fu 21215 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one ceuse on each line Interval Between ō IMMEDIATE CAUSE (Final **Onset and Death** the cremation. disease or condition chstructe resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) C0M to burial, traumafic CERTIFICATION and Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other sen signed by the attending ph of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO 04 shows any COMPLETION OF CAUSE C 1 YES 2 AND OF DEATH? 1 TYES 2 NO PHYSICIAN: 23 has 25. WAS CASE REFERRED TO MEDICAL 26_PLACE OF DEATH (Check only one) this certificate h with the State [ item EXAMINER? HOSPITAL: OTHER OR ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO BY After 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28 18 COMPLETED 6 Could not be DIRECTOR: hours after of 4 Homicide Hem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data end place, end due to the cause(s) and manner ee stated. FUNERAL within 72 h =

2 MEDICAL EXAMINER: On the baels of examination end/or investigation, in my opin

#2. REGISTRAR'S SIGNATURE which theridan

Reistenson

Randell

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

55

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

50

31. DATE FILED (Month, Day, Year)

MAIN

1994

on, death occured at the time, date end place, and due to the cause(s) and manner se stated.

29d. DATE ŞIGNED (Month, Day, Year)

19/64

29c. LICENSE NUMBER

27123

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.
ATTENDING PHY	CTOR: After this safter death with
OSPITAL OR	UNERAL DIRE
TO THE H	TO THE F

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last	(1)		CATE OF		REG. N 2. DATE OF OEATH MONTH		3. TIME OF DEAT
	MARGAR	T				APRIL	5, 199	9:05
	293-30-2488	1 🗆 M 2 🗆 🗏	E (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAR 23,		BIRTHPLACE (State or Fo Country) OHIO
СТОВ	99. FACILITY NAME (If not institution, given GREATER BALTIMOF	RE MEDICAL CE	NTER	TOWSON	OR LOCATION OF D	EATH	BALTIN	ORE THE
DIRECT	PESIDENCE OF DECEDENT  100. STATE  MARYLAND  BALT	TIMORE	10c, CITY COC	, TOWN OR LOCA KEYSVIL	LE			10d. INSIDE CITY LIMITS? 1 X YES 2
FUNERAL	100. STREET AND NUMBER 600 CLOVER CREST	WAY, APT E		10	21230 2	21230	190 SITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, OIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPA pocify Cuban, Maxic S X NO Speci	NIC ORIGIN? (Specify tan, Puerto Rican, etc.)		RACE — American Indi Black, White, atc.
COMPLETED	15. DECEDENT'S E (Specify only highest pri		16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during m	last of working	-	USINESS/INDUS	TRY
E COM	17. FATHER'S NAME (First, Middle, Last) POE	BRADBURY		HOLDE	_	ARET Middle, Meid		
TO B	SYLVAN H FRIED					APT E CO		LLE, MD 21
	4 Donation Other (Specify)	emovel from State C	Ob. PLACE AND DATE O	F DISPOSITION (N		DATE 20c.	OCATION — CITY BALTIMO	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE			SOL L	NO ADDRESS OF FA EVINSON REISTERT		INC.	MD 21215
	23 PART If Enter the diseases, of ahock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List pnly pna cause on	ed the death. Do not each line.  FAIL  A CONSEQUENCE OF	URE				Onset so
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. HEAR	ETIC I S A CONSEQUENCE OF CT FALL S A CONSEQUENCE OF S/S	LURE				MINAL
CAL CE	PART II. Other algolificant conditions is the conditional conditions is the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditions in the conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditional conditio	heart dise	but not resulting in	n the underlylr	ng causa given ir		ORMED?	24b. WERE AUTOPSY F AMILIABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	stpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C	heck only one)  6  Other (Specify)		
AN:	1 TES 2 NO	28a. DATE OF INJUR			JURY AT	28d. DESCRIBE HOY	INJURY OCCUR	BED
PHYSICIAN:		(Month, Day, Year			YES 2 NO			
ED BY PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year n 28e. PLACE OF INJU building, etc. (St	RY At home, farm, at			281. LOCATION (Stree City or Town, Ste	et end Number or i te)	Rural Route Number,
D BY PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigatio 3 Suicide 8 Could not be determined  29a. CERTIFIER Check only  1 CERTIFYINO PH	(Month, Day, Year n 28e. PLACE OF INJU building, etc. (St	RY — At home, farm, st pecify)	treet, factory, offi	ce le and place, and du	City or Town, Sta	narriner as stated.	

32. REGISTRAR'S SIGNATURE

BALI	ours after death.
n	after
	NOURS
20	With
280	executed
×	be
.C. BC	certificate
J.	death
	the
	that
KEC	requires
_	WP
4	The
2 2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with
5	OR
	TAL

					ICALE							
	1. DECEDENT'S NAME (First, Middle, Les CHARLES	()		FRIE	EDMAN			2. DATE O	F DEATH	1994	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 131-09-7983	5. SEX 1.XXM 2 □ F	6. AGE (In yrs. let 88	st birthday) YRS.	IF UNDER 1		IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH (2007)	905		YORK
	9a. FACILITY NAME (If not institution, giv	e street and number)			9b. CITY, T	OWN OR	LOCATION OF DI	EATH		9c. COU	NTY OF DE	ATH
DIRECTOR	MTI.FORD MANOR NI	IRSTNG HOM	F.			BAL	TTMORE				B	ALTIMORE
_	FLORIDA BR	OWARD			Y, TOWN OR							10d. INSIDE CITY LIMITS? 1 XYES 2 N
FUNERAL	8010 HAMPTON BLY	/D.,APT. 3	09	781	77	101. 2	33068		14.3	10g. CITI	USA	HAT COUNTRY?
B	11. MARITAL STATUS  t Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		It y	yes, spec	NDENT OF HISPAI city Cuban, Maxica 2 NO Specif	n, Puerto Ri		or No-	14. RACE Black, Specify	American Indian White, etc.
	15. DECEDENT'S El (Specify only highest gra				USUAL OCC			16b.	KINO OF BUS	SINESS/INC	USTRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	Hite	. Do NOT u	se retired.) JESMAN				N	IILK		
COMPL	17. FATHER'S NAME (First, Middle, Lest)					T	18. MOTHER'S NA	ME (First, M	iddle, Maiden	Surname)		
w I	LOUIS		FRIED	MAN			ROS					
TO B	199. INFORMANT'S NAME (Type/Print) MR . ROBERT FRIED  209. METHOD OF DISPOSITION 140 Burlel 2 Cremation 3 CRI		19	10319	ADDRESS (S	Street and	d Number or Rurel I TREE LAN	NE S	v, Chy or Tow ILVER	n, State, Zip SPRI	NG, N	D 20901
CERTIFICATION	23. PART I. Enter the disease, or shock, or haart failur IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO  DUE TO  DUE TO	(OR AS A CONSE	OUENCE O	Pu F):		Je (					Approxima Interval Be Onset and
	PART II. Other algnificent conditi	one contributing to	death but not	resulting.	In the und	- elula e	cours alves to	Dort I		41770704	Tana	
: MEDICAL	againean condu	contributing to	Seem but not	recurring	tile unde	errying	ceuse given in		24a. WAS AN PERFOR t YES 2	MED?		WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PLA	GE OF DEATH (Ch	eck only one	)			
YSICI	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2	ER/Outpetlent	DOA	OTHER:	ng Home	5 Residence	6 🗆 Other	(Specify)			
зу РНУ	27. MANNER OP DEATH  1 Natural 5 Pending 2 Accident Investigatio	28e. DATE OF (Month, D.		26b. TIN	IE OF 2	8c. INJUI WOR 1 YE	RY AT IK? ES 2 NO	28d. DE\$0	CRIBE HOW I	NJURY OC	CURED	
08	3 Suicide 6 Could not be determined	building,	F INJURY — At he etc. (Specify)	ome, ferm,	street, factor	y, office			TION (Street in Town, State)	and Number	or Rural Ro	oute Number,
Ш												
OMPLETE	one)	YSICIAN: To the best of NER: On the bests of a										and menner as sta
	(Check only	NER: On the beels of a	xamination and/or	Investigation	on, in my opi	nion, des		time, date a		d due to th	ne cause(s)	and menner as sta (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BKK

	1. DECEDENT'S NAME (First, Middle, Les ERROL A. FE	UCHTENBER	GER				04 1	YEAR 994	3. TIME OF D
	4. SOCIAL SECURITY NUMBER 218-48-3819	5. SEX 8. A	GE (In yrs. lest birthday 46 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 24		8. BIRTH Country	PLACE (State of
TOR	9a. FACILITY NAME (If not institution, given 1908 RAMSEY RESIDENCE OF DECEMENT	ST.			OR LOCATION OF DE	ATH	9c. COUN	ITY OF DI	EATH
DIRECTOR	Maryland 10b. cour		10c. C	Baltimo:					10d. INSIDE CLIMITS?
FUNERAL	1908 Ramsey St.		0.0		1. ZIP CODE 21223		10g. CITIZ U.S		HAT COUNTRY
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, sp	CENDENT OF HISPAN secify Cuban, Maxicar 3 2 X NO Specify		es or No-	14. RACE Black Specifi	- American I Whita, etc.
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 8 th	OUCATION de completed) College (1-4 or 5+)	18e. DECEDENT (Give kind o life. Do NOT Mecha	'S USUAL OCCUPATE If work done during mo use retired.)	ON ost of working	16b. KIND OF BI	Henry		200
SE COMPLET	17. FATHER'S NAME (First, Middle, Lest) Clarence A. FEU	CHTENBERGER	E 5		Annie	NE (First, Middle, Maide DAHLWEIN	n Surname) ER		45E
TO B	19e. INFORMANT'S NAME (Type/Print)  Clarence E. Feu 20e. METHOD OF DISPOSITION	chtenberger	19b. MAILIF 219			oute Number City or To adena, MD		Code) 122	
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. ACUTE NARCO  DUE TO (OR A	n eech line.	ATION OF):	of dying, such	a a cardiac or rea	piratory arre	eat,	Approx Interval Onset a
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с.	AS A CONSEQUENCE						
IL CE	PART II. Other algoriticant condition ATHEROSCLEROTIC CAR	one contributing to deed	sease; DIAB	In the underlyIn	g ceuse given in I	Part I. 24s. WAS A PERFO	PRMED?	24b.	WERE AUTOPS' AVAILABLE PRI COMPLETION CO OF DEATH?  1 YES 2 [
MEDIC/				26. P	LACE OF DEATH (Che		-		
MEDIC/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				B Other (Specify)			
Y PHYSICIAN: MEDICA		1 Inpatient 2 ER/  28e. DATE OF INJU (Month, Day, Ye) FOUND: 4-4-	<b>RY 28b.</b> T FOUN 6:1	4 Nursing Hon IME OF 28c. IN. NURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW UNKNOWN	INJURY OCC	URED	
ED BY PHYSICIAN: MEDICA	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural Investigation 2 Accident Investigation 3 Suicide eXX Could not be determined	1   Inpatient 2   ER/	RY 28b. T F OUT 6:1  URY — At home, farm Specify)	4 Nursing Hon IME OF 28c. IN. NURY WO	JURY AT DRK? YES 2 XNO	28d. DESCRIBE HOW	t and Number of 1908 R	or Aurel A AMSEY	STREET
COMPLETED BY PHYSICIAN: MEDICA	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only orie)  2 MEDICAL EXAMI	28a. DATE OF INJU (Month, Day, 16 FOUND: 4-4-26a. PLACE OF INJ building, stc. (/	RY 28b. T ar) FOUN 94 6:1 URY — At home, farm FOUND:	4   Nursing Hon	JURY AT JRK? YES 2 NO as a and place, and due death occured at the	28d. DESCRIBE HOW UNKNOWN 28f. LOCATION (Street City or Town, State BAL TIMORE, I to the cause(a) and mailme, data and place, a	t and Number 9)1908 R MARYLAN anner as state and dus to the	or Rural R AMSEY D	) and manner a
ED BY PHYSICIAN: MEDICA	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural Investigation 2 Accident 3 Suicide 6 XX Could not be detarmined  29a. CERTIFIER (Check only)	28e. DATE OF INJU (Month. Day. 16 FOUND: 4-4- 26e. PLACE OF INJ building, stc. ( (SICIAN: To the best of my k NER: On the best of axemin	RY 28b. T FOUN 6:1 URY — At home, term Specify) FOUND: nowledge, death occuretion and/or investigative and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	4 Nursing Hon IME OF 28c. IN. MURY O P M 1 1 , street, factory, office RESIDENCE rred at the time, date titon, in my opinion, o	DRY AT DRK? YES 2 NO	284. DESCRIBE HOW  UNKNOWN  281. LOCATION (Street City or Town, State BALTIMORE, to the cause(a) and multime, data and place, a	t and Number of 1908 R MARYLAN miner as state and due to the	or Rural A AMSEY D ed. couse(a)	

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four same death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-710 4/15/94 t.t.
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH A STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	ATE C	F DEAT	TH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) JOHN	F	REEMAI	N			·	2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH
								MAR.	21	94	12:45 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last		NTHS DAY		24 HRS. MIN.	7. DATE OF (Month, D) 8 - 19	ey, Year)	8. BIRT Coun	HPLACE (State or Foreign try)
OR	9a. FACILITY NAME (If not institution, give s 514 NORTH COLI		VENUE			N OR LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF L			1	e. COUNTY OF	DEATH a
5	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland 10b. COUNT	na na		10c. CITY, T		cation timor	e				10d. INSIDE CITY LIMITS?  t YES 2 NO
ERAL	too. STREET AND NUMBER 514 N. Colli	ngton AV	enue			10f. ZIP CODE		205	[1	10g. CITIZEN OF	WHAT COUNTRY?
BY FUNERAL	t1. MARITAL STATUS t Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1  IF YES, GIVE WAR	VER IN U.S. ARM	MED O	If yes	DECENDENT OF Specify Cube	F HISPAN	IIC ORIGIN? (S n, Puerlo Rica	Specify Yee or n, stc.)	Blac	E - American Indian, ok, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gh	EDENT'S US	done during	ATION most of working	a	16b. KII	ND OF BUSIN	ESS/INDUSTRY	
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)	iito. I	Do NOT use re	tired.)						
	17. FATHER'S NAME (First, Middle, Last)					16, MOTH	IER'S NA	ME (First, Midd	lle, Meiden Su	rname)	
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Stre	et and Number	or Rural F	Route Number,	City or Town, 5	State, Zip Code)	
F	ocme										
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	ototo r	cametery, crem	antoni or other		(Name of		DATE	29c, LOCA	TION — City or T	own, State
	21. BIOMAPORE OF FUNDRIAL SERVICE LI	enser on a d	Wade	Dir	22. NAM	AND ADDRES	S OF FA	CILITY S	tate	Antom	y Board
$\Box$	July //2	ruee	4/4	199							1201
	23. PART 1. Enter the diseases, or shock, pr heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	ARTERIOSCL  e. OF LEFT LE	EROTIC C	ARDIOVA EE							Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	R AS A CONSEQU								
CERTIFICATION	CAUSE (Disease or In)ury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSECU	UENCE OF):							
	PART if. Other algnificent condition	as contributing to de	eth hut not re	eulting in t	he underl	day cause o	luan in	Part I a	e. WAS AN AU	TOBOY LAW	WEST AUTHORY FAIRNING
DICAL				satting it t	ne dildeli	mig ceuse g	iven in	1	PERFORME	07	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME								-			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- Carte .		THER:	PLACE OF D					
HYS	27. MANNER OF DEATH	1 Inpetient 2 EF		28b. TIME O	Nursing I	INJURY AT	sidence	6 Other (Sp		URY OCCURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, UNKNOWN	Year)	UNKNOW	NM 1	WORK?	X NO	UNKNOW		DRY OCCURED	
	3 Suicide BXX Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	(Specify)	ne, term, stree	it, tectory, c	ffice			own, State)	Number or Rural	Route Number,
COMPLETED		ICIAN: To the best of my									
Ö	2 X MEDICAL EXAMINE	2 2 1	end/or In	vestigstion, i	my opinio	n, desth occur	ed at the	time, date end	I place, end d	fue to the ceuse(	e) end menner ee stated,
BE	290 SIGNATURE AND TITLE OF CERTIF	Balle	× Du			29c. LICE	NSE NUN			MAR.	22,1994
5	30. NAME AND ADDRESS OF PERSON WI									LAND 2	
	31. DATE FILED (Mohth, Day, Year)	1	SIGNATURE	EININ	DIKE	DI DA	711	MORE	IARI	TAND 2	.1401
	App 1 1 1994	32. REGISTRAR'S	erkede	il.						_	

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SOX 68760, are be executed with risician and completel		9	ly fill
	3OX 68760,	ite be executed within	sician and complete

TO THE HYPETUL OR ATTENDING PHYSICIAN: The law requires that the obean cerumbare we executed the first in by the funeral director, page 5 should be detached TO THE FIRST After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be median or removal.

IMPORTANT I I am 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1 Natural 2 Accident

3 Sulcide

4 Homicide

										91		0445
	FOR STATE REGISTRAR	STATE OF M	ARYLAND C	/ DEPAR	RTMENT	OF H	IEALTH DE AT	AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Agnes	Catheri						2. DATE OF OEATN DATE OF ADril 7	. 199	YEAR	TIME OF DEATH 4:00 a.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTH			ACE (State or Foreign
	215-01-0409	1 🗌 M 2 📉 F	80	YRS.					Dec 27, 1			Maryland
œ	Se. FACILITY NAME (If not institution, give s				9b. CITY		OR LOCATIO		EATN		OF DEA	
읝	Heritage Nurs	sing Home			_	νων	idalk			Ва	ltim	ore
FUNERAL DIRECTOR	Maruland 10b. COUNTY	Y		10c. CI1	TY, TOWN (	OR LOCA	TION	E	Baltimore	City	1 1	Dd. INSIDE CITY LIMITS?
RAL	10e. STREET AND NUMBER					101	f. ZIP COD		213			States
N.	3229 Cliftmont	AV ENUE	FVFD MILLS	2452	1.00							
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X		100	If yes, sp	ecity Cuba	n, Maxica	HIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No	Black, V Specify:	American Indian, vhite, etc.  White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	) (	DECEDENT'S 'Give kind of te. Do NOT u	work done	during mo	ost of working	ng	166. KIND OF BU			
ő	17. FATHER'S NAME (First, Middle, Last)					111		NER'S NA	ME (First, Middle, Maiden	Surname)		
BE (	Joseph Hogan							Mat	ilda (No	t Know	on)	
2	19a. INFORMANT'S NAME (Type/Print)		1						Route Number, City or Tox			21.222
	Craig L. Franz							t Bo	altimore,			21222
	1 🖒 Burial 2 🗆 Cremation 3 🗆 Ram 4 🗆 Donation 6 🗆 Other (Specify)		cemetery, c.	rematory of o	da e. N	lom.	Park	2 4/	9/94 Do	rsey,	Mary	land
	21. SIGNATURE OF JUNISHAL SERVICE LIC	EVE	2	_					nue Baltim eral Home			
	23. PART I. Enter the diseases, or cashock, or heart feliure.	omplications that	ceused the c	leeth. Do	not enter	the mo	de of dy	ing, suc	h ss cardiac or resp	iratory srre	s1,	Approximats
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Do	lier	n'C	H	ar	11		Rige.	se		Onset and Deat
N	Sequentially list conditions,	b. DUE TO	OR AS A CONS	w	40	1	0	L.	Rige.	eler	23	
ICATIC	If sny, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	OR AS A CONSI		0							
CERTIFICATION	that initiated events resulting in death) LAST	d	OR AS A CONSI	EOUENCE ()	rt):							
EDICAL (	PART II. Other significent condition	es contributing to	deeth but not	resulting	In the ur	derlyin	g csuse (	given in	Part i. 24a. WAS AMPERFO	RMEO?	Al CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
W.												

a. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
YES 2 NO	COMPLETION OF CAUSE OF DEATH?
	A CI MED A CI MA

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 TYES 2 T 27. MANNER OF DEATN

OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 DAG	rsing Nome 5 - Residence	6 ☐ Other (Specify)
28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE NOW INJURY OCCURED
28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm, street, fac	ctory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29c. LICENSE NUMBER

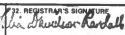
29a. CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Dr. Gracito Patricio M.D. 8903 Harford Road Baltimore, Maryland

APR 1 1 1994

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DR RUTH COHEN

APR 1 1 1994

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her death. Page 6 may be	the funeral director, page ! oval.	and decision and algored in
with hours a	ompletely filled in by	strant the modi-
E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 show within 72 hours after death with the State Deor, of Health and Mental Hyolene prior to burial, cremation, or removal.	TANTS IS How 20 is marked or item 22 shows any injury or other formation areas the marking averaged to mark he matitled at same
HOSPITAL DR ATTENDING PHYSICIAN: The	UNERAL DIRECTOR: After this certificate havithin 72 hours after death with the State D	CANT. If Hom 20 is marked or item

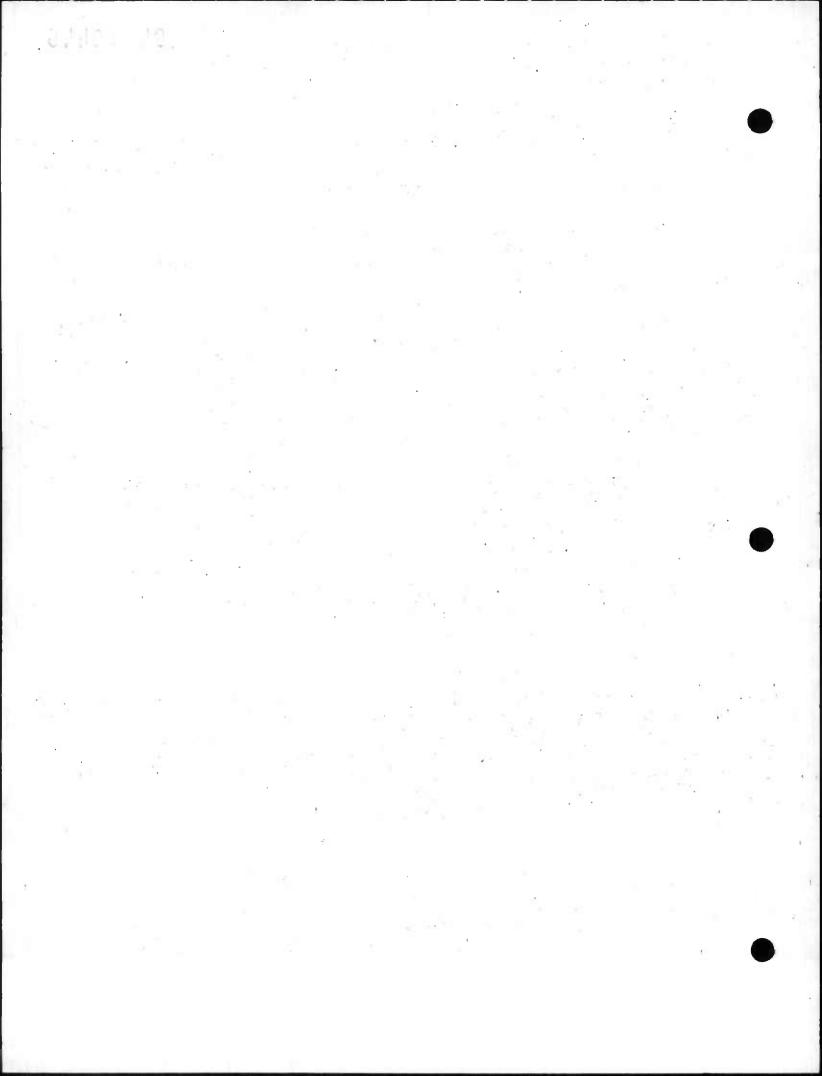
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Beverly Favrot BEVERLY KENDALL FLANAKIN 2. DATE OF DEATH 3. TIME OF DEATH K. Flanakin 3-23-94 12:A 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 1 M 2 F 436 14 9708 89 10-11-1904 Louisiana 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 1400 East West Highway, Silver Springs Montgomery Co 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Co Silver Spring 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1400 East West Highway 20910 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuban, Maxican, Puarto Rican, stc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TES 2 NO Specify: ВҰ 3v Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph St Clair Favrot BE Lucy HolcombKendall 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 East West Highway, SilverSpring, MD Tara Davis 1400 မူ 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Ramoval Irom State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE 4 X Donation - 6 - Other (Specify) . 21. SIGNATURE OF PURERAL SERVICE LIPENSE ON a ld 22. NAME AND ADDRESS OF FACILITY State Anatomy Wade, Dir 655W.BaltimoreSt,Balto,MD21201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ehock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Final Onast and Death DUETO (OR AS A CONSTIQUENCE OF): disease or condition_ Kespiratory resulting in death) minutes Obstructive Pulmonary Disease Rays CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING USTOM OF SMO Smoking CAUSE (Diseese pr Injury that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Cardismyspathe AMAILABLE PRIOR TO Lyperten sive Dertrophic COMPLETION OF CAUSE 1 | YES 2 2 NO OF DEATH? orgestive leant 1 TYES 2 TNO Arte Mell PHYSICIAN: orphany Disease Drabetes WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL 28. PLACE OF DEATH (Check only or OTHER: 1 YES 2 NO 1 Dinpatient 2 ER/Oulpatient 3 DOA 4 Nursing Home 5 Presidence 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 286. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural marke 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, lactory, office building, stc. (Specify) 69 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 295 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8700 Georgia Aye #400, SilverSprings, MD 20910



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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
ECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	-

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	O.		
	1. DECEDENT'S NAME (First, Middle, Last)		GU	ZINS	KI 2	DATE OF DEATH	DAY O	S. TIME OF	DEATH 22M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	-	DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State Country)	e or Foreign
	9e. FACILITY NAME (If not institution, give s	/- 0	/	9b. CITY, TOWN	OR LOCATION OF DEAT	JULY 4,	1907 sc. bount	Y OF DEATH	
CTOR	NONTH WEST	HOSPITA		BAL	TIMORE	RANDALE	Kury Be	HIMON	S.
DIREC	10a. STATE 10b. COUNT	1		TOWN OR LOCA				10d. INSID	E CITY
	10e. STREET AND NUMBER	MERDII	1 SY	KES VI	H. ZIP CODE		10g. CITIZE	1 YES	# W
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TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during m		11000 110	USINESS/INDUS		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		SPERS	SON	ESS	KAY 1	1EHTS	
	17. FATHER'S NAME (First, Middle, Last)	UZINSKÍ		,	18. MOTHER'S NAME	(First, Middle, Melde	Sumame)	1:	
TO BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street	and Number or Rural Rout	te Number, City or To	bwn, State, Zip Co	ode)	17/2
F	LEDVA KAS  20a. METHOD OF DISPOSITION	11NA	3625	LYN	DALE A	IE BI	1010.	170-2	143
	1 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)		ME-120		TAY 4-8	194 B	AUTO .	co. AD	
	21. SHOMATURE OF FUNERAL SERVICE LIC	CENSEE DO	1	22. NAME A	ND ADDRESS OF FACILI	птү	11184	CTO. HD-	4724
	23. PART I. Enter the disesses, or	Marda	1	OKA	4DA 1H.	2829	HUDSE	ON ST	
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NO	Sequentially list conditions,	bDUE TO (OR AS	A CONSEQUENCE OF)	:		~-			
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C	4.00005005005.00						
RTIF	that initiated events resulting in death) LAST	d.	A CONSEQUENCE OF):	:					
- 1	PART II. Other aignificant condition	s contributing to death	but not resulting in	the underlyin	ng ceuse given in Pa	rt I. 24a, WAS /	AN AUTOPSY	24b. WERE AUTO	PSY FINDI
EDICAL	SPRAKA	COGNIT	IVE D'	YSFU	INCTION		2 NO	COMPLETIC OF DEATH?	
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SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Check	only one)			
YSIC	1 TYES 2 NO	HOSPITAL:	tpatient 3 DOA		ne 5 🗆 Residence 8 [				
у РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	(Month, Day, Year)	28b. TIME INJU	RY W	JURY AT 20 ORK? YES 2 NO	8d. DEŞCRIBE HOV	V INJURY OCCU	RED	
ED BY	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, str	reet, factory, offic	D8 20	Bt. LOCATION (Street City or Town, Ste		Rural Route Numbe	7.
	296. CERTIFIER 1 1 CERTIFYING PNYS	ICIAN: To the best of my know	wledge death occurred	Let the time det	a and place, and due to	the causele) and a	anne en eteted		
COMPL	ana)	R: On the basis of examination							or as atale
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	1/8			29c. LICENSE NUMBE	777	29d. DATE S	SIGNED (Month, Day	Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, F	Print)	121.	7 7 7	///	1,	4
	C-FLAVI	MO, 1	VHC.	BAL	TO. K	002	1133		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE						
	APR 1 1 1994	Julie Kevid	on Rondell						



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BALTIMORE, MARYLAND 21215-0020	be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	ian and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BO

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noval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.
y the funeral director, page 5 should be detac	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
after death. Page 6 may be retained by the ho	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with shours after death. Page 6 may be retained by the hos

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Laurie Harris,

31. DATE FILED (Mohth, Dey, Year)

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	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	RTMENT	OF H	EALTH DE AT	AND I	MENTAL	HYGIEN				
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1	Samuel Aa	aron	G	OLDSHINE	₹.					MONTH A TO TO	11 7.	av 1994	YEAR	9:35 A M	М
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. la		IF UNDER		IF UNDER		7. DATE (	OF BIRTH	1774	a. BIRTI	HPLACE (State or Foreign	_
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DIRECTOR	MARYLAND	BALTI	MORE		BAL	TIMO	RE							LIMITS?	
	10e. STREET AND NUMBER						101	ZIP CODE 2122				10g. CIT	IZEN OF	WHAT COUNTRY?	
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5	11. MARITAL STATUS		12. WAS DECEDEN							ilC ORIGIN	(Specify Yes	or No-	14. RAC	E — American Indian,	
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B	19e. INFORMANT'S NAME (7	ype/Print)		11	Db. MAILING	G ADDRESS	(Street a	nd Number	or Rumi F	Ploute Numb	er, City or Tow	n Stata Zir	n Corfe)		_
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ł	20a. METHOD OF DISPOSIT	ION	uml from State	20h PLACE	ANDDATE	OF DISPOS	ITION (A)	me of		DATE	200 10	CATION —		own, State	_
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	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENGEE			22.	NAME AP	ID ADDRES	S OF FAC	CILITY	S., IN	JC.			
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	23. PART I. Enter the di	Iseasea, or c	omplications the	Acaused the d	eath. Do									Approximate	
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	disease or condition resulting in death)	<b>→</b> ,	Myocar												
				(OR AS A CONSE											
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임	CAUSE (Disesse or Inju that initiated events	iry s		(OR AS A CONSE	OUENCE O	F):								<del>-</del>	-
E	resulting in death) LAS	T I	Obesit	у											
CER	PART II. Other significe	nt condition	a contribution to	do ath hut mat		le ab	4 - 4 - 1 -	111000		n I					7
\ <u>8</u>	TAIT II. Other significa	THE COMMISSION	e contributing to	death but not	resulting	in the un	deriying	g cauee g	iven in	Part I.	24a. WAS AN PERFOR		246	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE	
										-	1 YES 2	K) NO		OF DEATH?	
Σ										- 1				1 YES 2 NO	П
IAN	25. WAS CASE REFERRED TO	O MEDICAL					28. PL	ACE OF DE	EATH (Che	ack only one	0]			- <u> </u>	$\dashv$
PHYSICIAN: MEDICAL	EXAMINER?		HOSPITAL:	XER/Outpatient	3 🗆 DOA	OTHER	R:			6 Other					1
둦	27. MANNER OF DEATH		28e. DATE OF (Month, E		28b. TIN		28c. INJ				CRIBE HOW I	NJURY OC	CURED		
ВУ		Pending Investigation	(month, E	ray, roury	1	M		ES 2	NO						
ED	3 Suicide 8	Could not be determined	28e. PLACE C building,	OF INJURY — AI h atc. (Specify)	ome, farm,	streef, fect	ory, offic	•		281. LOCA City o	TION (Street or Town, State)	and Number	r or Rural i	Route Number,	
COMPLET	29e. CERTIFIER	IFYING PHYSIC	CIAN: To the best of	my knowledge, d	eath occur	red at the 1	me, date	end place	end due	to the care	e(e) and ma	nner se et-	ted.		+
MO														e) end manner ee stated.	
EC	29b. SIGNATURE AND TITLE							29c. LICE						(Month, Day, Year)	-
8	1	16.	11	- 14	0			03		1		•			

2 MEDICAL EXAMINER: On the basis of examin restigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated, 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 26116 m 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9000 Franklin Square Drive Baltimore, MD M.D. 21237

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wire fours after death. Page 6 may be retained by the hospital or attending	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 20:27 Marie Elizabeth GOHO 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign t - M 2 - F 174-42-5708 84 06 22 1909 Pennsylvania 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore City RESIDENCE OF DECEDENT tob. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Catonsville 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21228 707 Maiden Choice Lane, #3110 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES t YES 2X NO Specify: Specify: BY 3 Widowed 4 Divorced White ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INOUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 2 Homemaking Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Mary F. McCLAIN at Richard L. TIERNEY BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 13710 Manda Mill Rd, Phoenix, MD Barbara Lazzati 21131 pe 20s. METHOD OF DISPOSITION
t ⊠ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 4 Donation 5 Other (Specify) 4/8 Baltimore, MD New Cathedral Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner HUBBARD FUNERAL HOME, INC. Cotar 4107 Wilkens Ave, Baltimore, MD 21229 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Final** the disease or condition erebrovascul reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMEO: AWAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO Shows 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 | Impetient 2 | DOA OTHER: 1 TES ZYONO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — building, stc. (Specify) At home, farm, street, lactory, office 69 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 58 4 Homicide item 29e. CERTIFIER (Check aniv 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only one) IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place,

29c. LICENSE NUMBER

D38762

711 Maiden Choice Lane

Charlestown Medical Ctr. Dr. McCormick ANGERIGNATURE ANGELL 31. DATE FILED (Month, Day, Year) 1994

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

(ornad 40

29b. SIGNATURE AND TITLE OF CERTIFIER

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29d. DATE SIGNEO (Month) Day, Year)

BOX 68760,
BOX
, P.O. E
RECORDS
OF VITAL
DIVISION

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with burns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

APR 1

1994

1. DECEDENT'S NAME (First, Middle, Last)	)							REG. N			3. TIME OF	DEATH
John	Richar	ď	Gr	a V			Apr		DAY 1 (	994	3	P. 1
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest I		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		0. BIRT	THPLACE (Stat	
214 30 5523	XX M 2 □ F	60	YRS.	MONTHS DAYS	HOURS	MIN.	172	3/34		Bo	ston,	Mass
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DE	EATH		9c. CC	OUNTY OF		
7336 Springf	ield Ave	•		Syk	esv	ille	9			Car	roll	
10a. STATE 10b. COUNT	Carroll		10c. CIT	r, TOWN OR LOCA	TION						10d. INSID	E CITY
Ma.	Calloll			Syk	esvi	ille	9				XIX YES	
10e. STREET AND NUMBER				10	f. ZIP CODE	E			10g. C	ITIZEN OF	WHAT COUN	TRY?
7336 Springf						21	1784			U	.S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 4. IF YES, GIVE WA	YES 2 NO	IED D		ENDENT O	n, Mexica Specify	in, Puerto	N? (Specify Ricen, etc.)	Yes or No—	Ble	CE — America ick, White, atc icity: Wh	
15. DECEDENT'S ED	UCATION	16a, DECI	EDENT'S	USUAL OCCUPATI	ON		164	. KIND OF	IUSINESS/I	NOUSTRY		
(Specify only highest grad Elementary/Secondary (0-12)	(completed)  College (1-4 or 5+)	(G/vi	e kind of a Do NOT us	vork done during mi	ast of working	g						
H.S.	+4	Dire	ecto	or Supp	ort	Sei	r. C	Far	rell	. Yo	uth C	ente:
17. FATHER'S NAME (First, Middle, Last)					16. MOTH	HER'S NA	ME (First,	Middle, Maid	len Surname	)		
John B. Gray					Mar	rjoi	rie	Ro	se			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	and Number	or Rural I	Route Num	ber, City or	lown, State,	Zip Code)		
Barbara A. Gr	ay	1 2	2803	Baysh	ore	Dr.	. 00	ean	City	, Mo	d. 21	842
20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Res	and the Char	20b. PLACE AN	NDDATE	F DISPOSITION /N	eme of		DAT	F 20c.	LOCATION	- City or	Town State	
4 Donallon 5 Other (Specify)	moval from State	Cemetery, crem	natory or o	her place)		v 1	1 1	1 / / 0	1 0-			G M
		Jall	TPOI	1 Forre	est \	vet.	. 4/	14/9	4 60	ırrı	son,	MG.
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21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE HAVELY	Garri	1501	22. NAME A	ND ADDRES	SS OF FA	CILITY	Haig	ht F	une	ral H	ome
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MIRMOUNT AUC - 13mg, Mc/2/186

DHMH-16 Rev 1/89

STATE REGISTRAR

1

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ELOISE (Laura) GARTRELL 3-21-94 3:41 PM 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 577-05 1945 84 5-22-1909 Virginia Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 21201 New Hampshire Avenue Brookeville Montgomery Co 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Co Brookeville 1 YES 2 NO permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 21201 New Hampshire Avenue 20833 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, stc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yee, specify Cuben, Maxican, Puerto Ricen, stc.) 1 YES 2 NO Specify BY Specify: White 3 Nidowed 4 Divorced no ETED. 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify page 5 should be detached for Elementary/Secondery (0-12) College (1-4 or 5+) COMPL 10+ Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) John Robert Allison BE Melissa Downs Novilla notified 19e. INFORMANT'S NAME (None/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20833 2 Ann Stabler 21201 NewHampshireAvenue, Brookeville, MD its after death. Page 6 may be in by the funeral director, page 5 removal. pe 20a. METHOD OF DISPOSITION
1 □ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE must 4 🏋 Donation 5 □ Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Ronald Wade, Dir 655W.BaltimoreSt, Balto, MD21201 medical 23. FART I. Enter the diaasses, or complications that caused tha death. Do not entar tha mode of dying, such as cerdisc or raspiratory arrest, Approximate shock, or haart fellura. List only one cause on each line Interval Between 6 IMMEDIATE CAUSE (Finsi Onset and Death cremation. the disease or condition resulting in death) ancer 0 completely event. DUE TO (OR AS A CONSEQUENCE OF) 00 executed with the attending physician and com Mental Hygiene prior to burial, traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disesse or Injury other DUE TO (DR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 50 Injury, PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and and requires that t AVAILABLE PRIOR TO any signed the COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Shows 1 VES 2 NO t. of 1 PHYSICIAN: has b. Dept. MP 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL DR ATTENDING PHYSICIAN: The certificate h Item HOSPITAL: OTHER: 4 Nursing Ho 1 YES 2 NO Pigetlent 2 - ER/Outpetient 3 - DOA me 5 Rasidence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 285 TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending investigation 1 YES 2 NO В After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 DIRECTOR: /
hours after c COMPLETED 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. FUNERAL Within 72 h MEDICAL EXAMINER: On the TO THE HOSPITA
TO THE FUNERA
De filed within 7. vestigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner as stated. 296. SIGNATURE AND TITLE O 29c. LICENSE NUMBER CERTAFIE 29d. DATE SIGNED BE 1 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ISABELLA MARTIER 18111 Prince Phillip Dr#327, Olney, MD20832 31. DATE FILED (Month, Day, Year)
APR 1 1 1994 30. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should lours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR CERTIF	TMENT	OF H	EALTH ANI	) MEN	ITAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)  GRACE J.	HETRICK			- 01	DEATH		DATE OF OEATH	1994	YEAR	3. TIME OF DEATH
	214-14-5670	1 □ M 2 💢 F 7	3 YRS.	IF UNDER	DAYS	IF UNDER 24 HRS	1 (	DATE OF BIRTH Month, Day, Year) 0-12-19	20	8. BIRTH Country	PLACE (State or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  209 Finnegan Dr  Millersville  Anne Ar  RESIDENCE OF DECEMENT  108. STATE  106. COUNTY  106. CITY, TOWN OR LOCATION										
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FUNERAL	209 Finnegan Di	2 WAS DECEDENT EVER IN II	S. ARMED	13		2110		RIGIN? (Specify Yes		UsA	— American Indian,
B	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1   YES IF YES, GIVE WAR OR DATE	2 X NO		if yea, spe		Ican, Pu	erto Rican, etc.)	or No	Black	White
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<b>⊠</b> 0	17. FATHER'S NAME (First, Middle, Last)		HOME	mak	er	16. MOTHER'S	NAME (F	irst, Middle, Melden	Sumame)		
ш	Frank Seay								Berr	У	
TO B	190. INFORMANT'S NAME (Type/Print) Terry Prodoch1						rel Route	Number, City or Tow	n, State, Zip	Code)	21108
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Remov. 4 Donetion 5 Other (Specify)	ol from State cemete	ACE AND DATE Of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	her plece)			1		cation — d		
	21. SIGNATURE OF FUNERAL SERVICE LICE	melly	-		Con:	) Soll	Fun ers	eral He	2	1222	
CERTIFICATION	23. PART I. Entar the diseases, or conshock, or heart fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants	DUE TO ON AS A CO	DISEOUENCE OF	n fe			uch ss	cardiac or reapi	ratory arr	est,	Approximate Intervel Batween Onset and Death
PHYSICIAN: MEDICAL CERTI	PART II. Other significant conditions	contributing to death but	not resulting l	n the un	nderlylng	cause given	in Part	I. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
AN	25. WAS CASE REFERRED TO MEDICAL				28 DI	ACE OF DEATH	(Check or				
	EXAMINER?	HOSPITAL:	ent 3 □ DOA	OTHER 4 Num	₹:	5 Resident					
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJ	JRY AT	_	. DESCRIBE HOW I	NJURY OCC	CURED	
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, s	treet, fact	ory, office		26f.	LOCATION (Street a City or Town, State)	and Number	or Rural A	oute Number,
BE-COMPLETED	one) 2 MEDICAL EXAMINER:	AN: To the best of my knowled On the beels of examination as									and manner as stated.
DE BE	296. SIGNATURE AND TITLE OF CERTIFIED	raex	_ m	f)		D340					(Month, Day, Year)
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	H	1. DECEDENT'S NAME (First, Middle, Last)	11.					2.	DATE OF DEATH	Y	YEAR 3.	TIME OF OEATH
		WELVIN	HUN	TER					4 8	94		1 53 Am "
	- 9	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les		NTHS DAY		HRS. 7.	DATE OF BIRTH	34	8. BIRTHPLA Country)	ICE (State or Foreign
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	5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY										
Page	DIRECTOR	Maryland			10c. CITY, T	OWN OR LO					10-	d. INSIDE CITY LIMITS?
permit. Pages 1, 2,						Ŀ	Baltimo	re				YES 2 NO
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fing pl	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		t 🗆 '	YES 2 X NO	Specify:			Specify:	Black
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or after	COMPLETED	(Specify only highest grade  Elementary/Secondary (0-12)	completed)	(G	ive kind of work Do NOT use n	done during	most of working		1 TOO. KIND OF BOS	INESS/INDO	SINT	
D 21 spital or	<u>-</u>	Elementary/Secondary (U-12)	College (1-4 or 5+)	Cr	ane 0	perat	or					
AN the hos detach	8	17. FATHER'S NAME (First, Middle, Last)						R'S NAME	(First, Middle, Maiden	Sumamal		
A pe d			Marcellus	Hunter	•		100 300 000		Janie Gl			
MARYLAND 21215-0020 is retained by the hospital or attending physics should be detached for use as the burial-notified at once.	BE.	19e. INFORMANT'S NAME (Type/Print)				DRESS (Stre	et and Number o	r Aural Bouts	Number, City or Town		Corte)	
MAR retained 1 5 should notified	임	Linda D. Hunte	r				rstown					1215
By be	- 1	20a. METHOD OF DISPOSITION  O Burlai 2 Cremetion 3 Remo		20h PLACE	NDDATEGE	NEDOCITION	I (Nome of	1.01		CATION — C	-	
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician by the funeral director, page 5 should be detached for use as the burial-tran roval.		↑ Burial 2 Cremetion 3 Remo	oval from Stata	cemetery, cre	matory or other	PAR R	idae	[-	4-13 Balt			
Page al dire		21. SIGNATURE OF FUNERAL SHRVICE LIC	ENSER')	1			E AND ADDRESS					
ALTIN death. Pag e funeral dir L.		> 71 WY	Chan.	ž		I.			william	1 U. E		Community
BA BA the f the f shall.		///		un		F.H.			orth Ave.		to. N	ld. 21217
in t		23. PART I. Enter the diseases, of c shock, or heart fellure.	complications that ca List Dnly Dne cause	on each line	eth. Do not	enter the	mode of dylns	g, auch a	a cardiac or reaple	ratory arre	at,	Approximate Interval Between
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, P.O. E eath certifica attending phy mtal Hygiene y, or other	E	that initiated evente resulting in deeth) LAST										
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AL he law e bept m 23	IAI	25. WAS CASE REFERRED TO MEDICAL				28	. PLACE OF DEA	TH (Check o	only one)			
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has hours after death with the State Depitem 28 is marked, or litem 23	PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpetlant 3		THER:	tome 5 - Resid	dence 6	Other (Specify)			
YSICIA YSICIA In the	¥	27, MANNER OF DEATH	28e. DATE OF INJ		28b. TIME O	F 28c.	INJURY AT	7	d. DESCRIBE HOW IN	JURY OCCI	JRED	
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ION NDING I: After r death	0	3 Suicide 6 Could not be	28a. PLACE OF IN- building, etc.	JURY — At ho	me, ferm, atre	et, factory, c	offica	26	f. LOCATION (Street a	nd Number o	r Rural Route	Number,
DIVISI OR ATTEN DIRECTOR: hours after	E	4 Homicide determined	Juliani, st.	(Opocny)					City or Town, State)			
DIV OR A DIREC hours	J.	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of my	knowledge, de	ath occurred a	it the time	data end place =	nd due to t	he causelet and man	Der ee stele	4	
로 정전 등	COMPLETE	(Check only one) 2 MEDICAL EXAMINE										d menner ee atated.
MPORTANT.	1.	29b. SIGNATURE AND TITLE OF CERTIFIER						SE NUMBEI				
(多春岛	BE	AK	holcher	13	_			327°		DATE	10	onth, Day, Year)
A July	2	30. NAME AND ADDRESS OF PERSON WHI			4 27) (Time Del	(ret)		) × /	U	7	121	/ 1
Sh R			32.22 0000		יים אין וייף פין ניי	-14/						
4		31. DATE FILED (Month, Day, Year)	3 REGISTRAR'S	SIGNATURE								
		APR 1 1 1994	Julia Davis	loon An	delle							
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	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	020
R	TO HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Juns and them haps 6 may be retained by the hospital or attending physician.	physician.
A	TOWNER FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the invariant invitor, page 5 should be detached for use as the burial-transit permit. F	burial-transit pe
8	and within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal	
2	IMPORTANT: If them 28 is marked or them 23 shows any Injury or other traumatic event, the medical examiner must be notified at once	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Las	inkle			2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 159-05-9621	5. SEX 8. AGE (In y	YRS. lest birthday) IF U	NOER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Mg/th, Pay, Year)	9/2	BIRTHPLACE (State or Foreign Country)
TOR	90. FACILITY NAME (If not institution, give Medas	estreet end number)	9b.	Battimore	EATH	9c. COUNTY	OF DEATH
2	10a. STATE 10b. COUN	ITY	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
L DIRECTOR	MD -			TIMOLE 10f, ZIP CODE			1 YES 2 NO
FUNERAL	6115. CHAR			21202		U.	S · A ·
BY FU	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES	2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexice 1 YES 2 NO Specif	n, Puerto Rican, etc.)	e or No— 14.	RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EC	DUCATION 16 de completed)	Sa. DECEDENT'S USUA (Give kind of work of	L OCCUPATION lone during most of working	16b, KIND OF BU	SINESS/INDUST	TRY
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use retir	N	U	1/2	
E CO	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (Firsty Middle, Malden	Surneme)	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rural	Roule Number, City or Tox	vn, Stete, Zip Coo	de)
	ARTHUR DRAGA	ER (A-TIONNEV)	5 LiG	4T ST BA	LTO. MD	. 2/2	02
	20e, METHOD OF DISPOSITION  1 Burlei 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State ceres	ACE AND DATE OF DIS ry, cremally y or other DI SCHE	ace) Com- 3-	- A	ALTO -	or Town, Slate
	21. BIGNATUBG-GE FUNERAL BEHVICE	. Skarlo 8	4.	SKAADA FA	CILITY 2829	HUDS	70. MD 21224
NO	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	s. Present to OVER TO (OR AS A CC OVER TO (OR AS A CC OVER TO (OR AS A CC OVER TO (OR AS A CC OVER TO (OR AS A CC OVER TO (OR AS A CC OVER TO (OR AS A CC	onsequence of:	tive Palmonage		iretory srrast	Approximats Interval Between Onset and Daath
CERTIFICATION	if sry, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE THE OR AS A CO					
	PART II. Other algnificant condition	ons contributing to death but	not resulting in the	underlying cause given in	Part i. 24s. WAS AN	LAUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL					PERFO	RMEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Z							
S.C.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (Ch			
PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatie	28b. TIME OF	Nursing Home 5 Reeldence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED.
ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?			
ETED	3 Suicide 6 Could not b 4 Homicide determined	building, etc. (Specify)	At nome, ferm, atreet,	tactory, office	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETE		YSICIAN: To the beat of my knowledge NER: On the beele of examination en					ouse(e) end menner se stated.
TO BE C	290. SIGNATURE AND TITLE OF CERTIFIC	SEA WHO COMPLETED CAUSE OF DEATH	A HITCH OT (Fire Original	29c. LICENSE NUI Entern		> 3/2	gNED (Mogith, Day, Year)
	Mark GNe	b 301 st	- Paul 1	of Baltin	reso MO		
	31. DATE PILED (Month, Day, Year)  APR 1 1 1994	32 REGISTRAR'S SIGNATU	IRE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER O				
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3. TIME OF DEATN

8. BIRTHPLACE (State or Foreign

Approximate Interval Between **Onset and Death** 

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

11:25 P

2. DATE OF DEATH DAY

04

7. DATE OF BIRTH

06_

1994

1 - FOR STATE REGISTRAR

t. DECEDENT'S NAME (First, Middle, Last)

**EMMA** 

4. SOCIAL SECURITY NUMBER

2		213-74-7603		1 M 2 TF	87	7	YRS.	MONTHS	DAYS	HOURS	MIN.	5-2	4-19	06	N	Maryland
3 should	œ	9e. FACILITY NAME (If not instituti						9b. CIT	Y, TOWN	OR LOCATIO	ON OF DEAT	N		9c. COUR	TY OF D	EATH
1, 2, 3	СТОВ	Frederick V	illa ENT	Nursing	Cemt	er								Ba	ltim	ore
permit. Pages	LL II		COUNTY						OR LOCAT							10d. INSIDE CITY LIMITS?
jë.	DIR	Maryland  100. STREET AND NUMBER	H	oward			E1	lic	ott					11		t 🗌 YES 🏋 NO
	RAL	2521 Telegram Dute											VHAT COUNTRY?			
020 physician. burial-transit	FUNER	11. MARITAL STATUS	21042 ED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or N					V.S.A.								
21215-0020 If or attending physician for use as the burial-tran	В	1 Never Merried 2 Merr 3X Widowed 4 Divorced	-	12. WAS DECEOENT FORCES? 1 [ IF YES, GIVE WA	YES	2 XN			If yee, sp		n, Mexican, I			or No	Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Specia	k, White, etc.
atter atter	ETED	15. DECEDEN (Specify only high			1	(Giv	EDENT'S	vork done	during mo	ON ost of workin	g	16b. KII	ID OF BUS	INESS/IND	USTRY	
	COMPLE	Elementary/Secondary (0-12)		College (t-4 or 5+)		life.	ecre	e retired.)				S	ales	Book	Co.	
MARYLAND retained by the hospit 5 should be detached notified at once.	8	17. FATNER'S NAME (First, Middle,								18, MOTH	IER'S NAME	(First, Midd	le, Maiden	Surname)		
R by by	BE	Eyler Grege									ances			oeger		
MAR retained 5 should notified	2	John J. Habe		T _{ss}		- 1					or Rural Rou					
may be		20p. METNOD OF DISPOSITION	IL,	JI.	20h 0		35ZI				ve E	DATE	_			21042
e 6 may rector, p		1\( \) Burlel 2 \( \) Crematton 3 4 \( \) Donetion 5 \( \) Other (Spec		vat from State	cemete	ery, cren	natory or of	ther plece,	)		-1994			CATION —		
Page 6 al directo		21. SIGNATURE OF FUNERAL SE		NSEE	1. 1.0	udo	цга		NAME A	ND ADDRES	S OF FACIL	ITY		timo		
BALTIMORE, rs after death. Page 6 may be n by the funeral director, page removal.		PEL M	P	nkins							g Ash ondso					Inc. 21228
within countries in the merit, the me		23. PART I. Enter the disease ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	nes, or co fallure, L	ist only one caus	e on eac	h line.			4				or reapi	ratory arr	ent,	Approximate interval Betwee Onset and Des
P.O. BOX ath certificate be trending physician al Hygiene prior t or other trau	CERTIFICATION	disease or condition resulting in death)  Alzheing D'slord Sudday  DUE TO (OR AS A CONSEQUENCE OF):  B. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
RECORDS requires that the den signed by the of Health and Me	MEDICAL	PART II. Other significant co	onditiona	contributing to d	desth but	not re	sulting (	n the u	nderlyin	g cause g	liven in Pa		WAS AN PERFOR	MED?	24b.	. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
has law Dept	SICIAN:	25. WAS CASE REFERRED TO ME	DICAL						26 PI	ACE OF D	EATH (Check	ont one)				
VITAL HAN: The I rificate ha ne State D or item 2	SIC	EXAMINER? t ☐ YES 2 1 NO		HOSPITAL:	ER/Outpati	ent 3	DOA	OTHE	R:		eldence 8 (		neoffici.			
ISION OF TTENDING PHYSIC TTOR: After this cer after death with th 28 is marked, (	ву рну	27. MANNER OF DEATN  1 Natural 5 Pend		28s. DATE OF II (Month, Day	NJURY		28b. TIM		28c. INJ WC		2	d. DESCRI		JURY OCC	URED	
		3 Suicide 8 Could		28e. PLACE OF building, e	INJURY — rtc. (Specify)	At hon	ne, ferm, s	Rreet, fec	tory, offic	•	2		N (Street e	nd Number	or Rural R	Route Number,
DIN TAL OR WL DIRF	COMPLETE			IAN: To the best of n												e) end manner ee stated.
THE FUNEF THE FUNEF FIND WITHIN	U U	29b. SIGNATURE AND TITLE OF	-	1							NSE NUMBE					(Month, Day, Year)
M M	0 86	Camel	1/Ca	on to	>						D34		/			7-1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1994

32 MEGISTRAB'S SIGNATURE

Dr. Edmund Tkaczuk 405 Frederick Road. Catonsville, Md. 21228

HABERT

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

DHMH-18 Rev 1/89

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TIMORE, MARYLAND 21215-0020

ROX ۵ DIVISION OF VITAL RECORDS

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	SICIAN:	and Street
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	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	as Brownings, Adv. add. action has been discussed in the assessment and assessment following the death of the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed the same discussed th
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
th. Page 6 may lead director, pagement must be

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 4 - 1 - 9 4 YEAR CHARLES HULL 3. TIME OF DEATN 1225p. M HULL APRIL 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 5-27-1950 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 1½∏ M 2 ∏ F DAYS HOURS 43 YRS. 220 52 2380 Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Wicomico Co Salisbury 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 18g, CITIZEN OF WHAT COUNTRY? 506 Druid Hill Avenue 21801 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexican, Puerlo Ricen, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 K Never Merried 2 Merried 1 YES 2 NO Specify: Specify ВУ 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done fe. Do NOT use retired.) Flementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surneme) Paul Taylor Hull Catherine Ayers BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Paul Hull Bro 27811 Island Drive, Salisbury, MD21801 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Dither (Specify) 21 SIGNATURE OF SCHERAL SERVICE LICENSER on ald 22. NAME AND ADDRESS OF FACILITY StateAnatomy Board Wade, Dir 194 655W.BaltimoreSt,Balto,MD21201 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Batw IMEDIATE CAUSE (Final Onset and Death MYOXIC disease or condition_ ancei reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): hypows CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONST MENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES TO NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 YES 2 OTHER: Inpetient 2 - ER/Outpetient 3 - DDA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO ВУ Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Nomicide DERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the tima, dete end place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

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32 REGISTHARIS SIGNATURE

HESS OF AERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) Print

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		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGI REG.			
		1. DECEDENT'S NAME (First, Middle, Last)	DET THISE				2. DATE OF DEAT	DAY Y	3. TIME OF DEATH	
		GERTRUDE MARGA		(In yrs. last birthday)	TANKER ANGLE			8,1994	10:00 A.	
should		216-07-8618  9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	76 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 02/09/		BIRTHPLACE (State or Foreign Country) Maryland	
2, 3	DIRECTOR	Manor Care Nursi		on	_	TOWSON Baltimore				
1, ages 1,	REC	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWH OR LOCAT	TON			10d. INSIDE CITY	
permit. Pages	RAL DI	Maryland Bal 10e. STREET AND NUMBER	timore		Parkvil 101	le ZIP CODE		10g. CITIZEI	1 TYES 2 X NO	
lst.	Ë	3117 Hiss Av	/enue			21234		Unit	ed States	
15-0020 ending physician. as the burial-transit	BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? t YES	2 X NO	If yes, sp		HC ORIGIN? (Specify n, Puerto Rican, atc.		RACE — American Indian, Black, White, atc. Specify: White	
215-0	8	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION	ON et of working	16b. KIND OF	BUSINESS/INOUS		
12 a o o	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Inte. Do NOT us	se retired.)	at or working				
AND 2 he hospital detached to once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Home	emaker	46 MOTHER NA	ME (First, Middle, Ma			
# 8 %	E C		Reinfelder				n Nertr			
MAR retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or	4	de)	
9e 5	F	Mrs. Susan				Circle		ysville,		
e 6 m		20a. METHOO OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cem Go	PLACE AND DATE OF PROPERTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF PARTY OF				Baltimor	e, Maryland	
ALTIN death. Pag funeral dis i, examiner		21. SIGNATURE OF FUNERAL SERVICE LI	Mark T.	Zavoyna		ID ADORESS OF FA	Dail	imore, M	D 21214	
			Busjne	_					rford Rd.	
d within 24 hours after ompletely filled in by the cremation, or removal event, the medical		IMMEDIATE CAUSE (Final	a. ATHER	ach lina.	sitor				Interval Between	
P.O. BOX 680.  In certificate be execute ending physician and co Hygiene prior to buria  or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	С.	A CONSEQUENCE OF						
HECORD; requires that the peen signed by the f. of Health and M shows any inju	MEDICAL	PART II. Other significant condition	ns contributing to death b	ut not resulting	In the underlying	g cause given in	PER	S AN AUTOPSY REORMEO? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO	
	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LIGORIE			ACE OF DEATH (Ch	ack only one)			
VIAN: Stale Stale	YSICI	1 TES 2 NO	HOSPITAL: 1   Inputiant 2   ER/Outp	entient 3 DOA	Nursing Hom	e 5 🗆 Rasidence	6 Other (Specify)			
NG PHYSIC fter this ce eath with the	РНҮ	27. MANNER OF DEATH  1X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	JURY WO	RK?	26d. DEŞCRIBE HO	OW INJURY OCCUP	ED	
0 6 8 G	ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a		rES 2 NO	281. LOCATION (St. City or Town, S	reet and Number or Rate)	Rural Route Number,	
DR ATTEN DRECTOR: Nours after	ET.	200 CERTIFIED								
B 800	N PI	(Check only	ICIAN: To the best of my know ER: On the beels of examination						suse(s) and menner ae stated.	
THE HOSP THE FUNE OPETANT	8	29b. SIGNATURE AND TITLE OF CERTIFIE	P .			29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)	
55 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	-	A. Jerr	wy Ms			D297	70	1 41	8195	
12	۲	A. Sergio Cass		8813 Wal		ds Rd.				
10		APR 11 1994	32. REGISTRAR'S SIGN	artally						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1
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1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) AGNES MARIE	01210011				2. DATE O		1994	3. TIME OF DEATN 4:43 A
4. SOCIAL SECURITY NUMBER 198–18–0475	1 M 2 K F	73 YRS.	IF UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	1	21 192	Coun	HPLACE (State or Foreign try) ENNSYLVANIA
MONTGOMERY GENER			OLNE	Y COCATION OF D	EATH	90.	MONTG	
10a. STATE 10b. COUNT	E GEORGES		TOWN OR LOC	ATION HEIGHTS				10d. INSIDE CITY LIMITS? 1 K YES 2 NO
10e. STREET AND NUMBER 5033 EMO STR	EET			or. ZIP CODE 20743		109		WHAT COUNTRY? ED STATES
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes,	CENDENT OF NISPA pecify Cuban, Mexic S 2 X NO Specif	en, Puerto Ric	(Specify Yea or N sen, atc.)	o— 14, RAC Blac Spe	E — American Indian, ck, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2		16a. DECEDENT'S UI (Give kind of wo life. Do NOT use ADMINIS	rk done during i retired.)	nost of working	2.04	U. S. G		ŒNT
17. FATNER'S NAME (First, Middle, Last)  JOSEPH JANSO	N			THRES	SA B	Idle, Melden Sume BANDZHOC	K	
19e. INFORMANT'S NAME (Type/Print)  MARY M. VAN DEN  20e. METNOD OF DISPOSITION			UNTRY	view Cour		HTON, M		0861
1 X Burtel 2 Cremation 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, of	CENSEE Bar	RETURN TON	22. NAME MUR 2152	AND ADDRESS OF FA IEL H. BA 5 LAYTONS	ARBER SVILLE	FUNERAL RD. LA	YTONS	
shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Cardio ge	CONSEQUENCE OF	Shoo	k				Interval Betwee
Sequentially list conditions, if eny, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Carana	CONSEQUENCE OF:					N	
PART II. Other eignificant condition	ne contributing to death bu	ut not resulting in	tha undarly	ng ceuse given in		PERFORMED	2	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	PLACE OF DEATH (C				
27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. II	Me 5 Residence    JURY AT     YES 2 NO		Specify) RIBE NOW INJUR	Y OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— Al home, ferm, str	eet, factory, of	ice		ION (Street and N Town, State)	umber or Rural	Route Number,
	ICIAN: To the best of my knowle							(a) and manner as stated.
295, SIGNATURE AND TITLE OF CONTIFUE	11/			29c. LICENSE NU	MBER	290	. DATE SIGNE	D (Month, Day, Year)
14/16	(873 IA			D40	36	5 1	MARC	H 29 1994
31. DATE FILED (Month, Day, Year) APR 11 1994	AVE SUITE  32. REGISTRAR'S SIGNA	308 S	LUER	SPÀNC	mo	2090	2	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the normal death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		OF HEALTH AND	MENTAL HYGIEN		
	t. DECEDENT'S NAME (First, Middle, Lest) RALPH	JOHNSON			2. DATE OF DEATH MONTH RIL 8	, 1994 ^{EAI}	3. TIME OF OEATH 7:10 A
	4. SOCIAL SECURITY NUMBER 214-64-5554	5. SEX 6. AGE (In yrs. II	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		ATHPLACE (State or Foreign unity)
OR	9a. FACILITY NAME (If not institution, give s MARYLAND GENER		9b. CITY	BALTIMORE C		9c. COUNTY OF BAL	F DEATH FIMORE
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y 0.1	10c. CITY, TOWN	OR LOCATION	1 0		10d. INSIDE CITY
	100. STREET AND NUMBER	trincre	15al	101. ZIP CODE	ily	10o. CITIZEN O	1 (DYES 2 NO
FUNERAL	5004 Col	apha Rd		212	13	U	SA
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO	WAS DECENDENT OF HISPA If yea, specify Cuban Maxica t YES 2 HO Specific	n, Puarto Rican, etc.)	or No— 14. R	ACE — American Indian, lack, Whita, atc.
COMPLETED	t5. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	ECEDENT'S USUAL O Give kind of work done to DO NOT use retired.) Painte	during most of working	Λ	SINESS/INDUSTR	
COM	17. FATHER'S NAME (First, Middle, Lest)		V CC O717C		AME (First, Middle, Maiden		- 4
BE	198. INFORMANT'S NAME (Type/Print)	in Johnson	9b. MAILING AOORES:	Mary f	FLIZabet Route Number, City or Tow	n, State, Zip Code)	anden
임	Mountyn MC	Cafferty	5004	Cutal pho	Rd. P.	salt V	ng 21213
	1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval trom Stata cesnetry C	remature or other place)	Cemetery	4/13 3	cation—city of	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIE	Hayson)	22.	NAME AND ADOPESS OF FA	berty P	Foure or	al Berrice
		complicatione that caused the d List only one cause on each lin	leath. Do not enter ne.	the mode of dying, suc	h es cardiec or reap	ratory srrest,	Approximats interval Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CARDIOPULMO	NARY ARRE	ST	·		Oneet and Death
z		DUE TO (OR AS A CONSI HYPOXIA	EOUENCE OF):				
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSE					
CERTIFICATION	CAUSE (Disesse or Injury thet initiated events resulting in death) LAST	c. TERMINAL A OUE TO (OR AS A CONSE					
AL	PART II. Other significant condition	e contributing to death but not	resulting in the ur	nderlying ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC					1 YES 2	XNO	OF DEATH?  1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL						
VSICI	EXAMINER?  1 YES 2 XNO	HOSPITAL: 1 X Inpatiant 2 - ER/Outpatiant	3 DOA 4 Nur	26. PLACE OF OEATH (Ch R: sing Homa 5  Residence			
Y PH	2?. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street, fact	ory, offica	28t, LOCATION (Street City or Town, State)	and Number or Run	al Route Number,
COMPLETED		CIAN: To the best of my knowledge, d					e(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	gulin	2)	29c. LICENSE NUI		29d. DATE SIGN	8 19 4
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEATH (ITI	EM 27) (Type, Print)			7	
	31. DATE FILEO (Month, Day, Year) APR 1 1 1994	32. REGISTRAR'S SIGNATURE	indige.				

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THE MISTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

THE PLYMENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

Item# 20c Per F H Film# C-710 04/11/04

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT	OF HEALTH AND	MENTAL HYGIEN		. 10
	1. DECEDENT'S NAME (First, Middle, Lest)  John W.	Johnson			2. DATE OF DEATH		3. TIME OF DEATH TO P M M
	220-22-2981 1	SEX 6. AGE (In yrs. last	birthday) IF UNDER YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
CTOR	9a. FACILITY NAME (If not institution, give street  St Elizabe)	end number) Hi N. H.	1000	TOWN OR LOCATION OF D		9c. COUNTY	OF DEATH
DIRECT	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  M. J. J. J. J. J. J. J. J. J. J. J. J. J.		10c. CITY, TOWN OF	1			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3320 Benson	Aue		101. ZIP CODE 2/22	)	10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ABI FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES	0 11	AS DECENDENT OF HISPA yes, specify Cuben, Mexic YES 2 1 NO Speci	an, Puerto Rican, etc.)	s or No 14.	RACE — American Indian, Black, White, etc. Specify: Black
PLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  (2 C)	(Gh	DEDENT'S USUAL OC the kind of work done of Do NOT use retired.)	iring most of working	166. KIND OF BU	SINESS/INDUST	TRY .
at once.	17. FADMER'S NAME (First, Middle, Last) Lames L. John	Sun	UNCKA	18. MOTHER'S NA	AME (First, Middle, Meiden	Surname)	
be notified TO BI	190. INFORMANT'S NAME (TOP Print)		HAILING ADDRESS	Street and Number or Pural		Ba H	) nd wing
must	20e, METHOD OF DISPOSITION  1 Material 2 Cremation 3 Removal  4 Donation 5 Other (Specify)	from State cemelery cren	natory or other place!	edral Cey	1/2/94 -46	ca.Balti	more stown, Hd
medical examiner	21. SIGNATURE OF FUNERAL SERVICE LICENS	narch	14	AME AND ADDRESS OF FI March F. H 4300	wabast	L An	e
<b>a</b>	23. PART I. Enter the diseases, or com shock, or heart feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on each line.	auler	Acceles		iratory arreat,	Approximate interval Between Onset and Death
ry, or other traumatic event, CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSE	hel	lete			
shows any Injury, MEDICAL CI	PART II. Other aignificant conditions of	ontributing to death but not re	sulting in the unc	erlying cause given in	Part (. 24a. WAS AN PERFO! 1 - YES 2	RMED?	24b. WERE AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
or Item 23 YSICIAN		OSPITAL:	OTHER	26. PLACE OF DEATH (C)			
marked, or BY PHY	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		BC. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	ED
28 Is TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, facto	y, office	28f. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,
원		t: To the best of my knowledge, deann the basis of examination and/or in					use(s) and manner se stated.
O BE COM	296 SIGNATURE AND TITLE OF CERTIFIER  WAS ALLE OF CERTIFIER  296 SIGNATURE AND TITLE OF CERTIFIER  296 SIGNATURE AND TITLE OF CERTIFIER  296 SIGNATURE AND TITLE OF CERTIFIER  297 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNATURE AND TITLE OF CERTIFIER  298 SIGNA	5		29c. LICENSE NU	MBER 0/82	29d. DATE SH	TED (Mprith, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO	3320 7€	27) (Type, Print) NSOJ A	E BALTI	0/82 0.M) 7	1227	
	31. DATE FILED (Month, Day, Year)  APR 1 1 1994	32 REGISTRAR'S SIGNATURE	1.00				

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31. DATE FILED (Month, Day, Year)

APR 1 1 1994

	REGISTRAR	SIMIE UF MANT		ICATE O		MENTAL HYG REG.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н	3. TIME OF DEATH
	Annie Mildred Jon					04	08 9	4 1:25 P
	219-40-0897	5. SEX 6. AGE	(In yrs. lest birthday) 49 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, You 06 - 2	S-44 S	Country AROLINA
	9a. FACILITY NAME (If not institution, give s STELLA MARIS	treet end number)			SON		9c. COUNTY	Y OF DEATH
DIRECTOR	MARYLAND 10b. COUNTY	/a	10c. Ci1	BAL	TIMORE			10d. INSIDE CITY  Y LAMITS?  t YES 2 NO
FUNEHAL	1617 HOMESTEA	D AVENUE			21218		UNIT	ED STATES
R	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? t YES IF YES, GIVE WAR OR	8 2 NO	If yes,	ECENDENT OF HISPA apocify Cuben, Maxic ES 2 X NO Speci	en, Puerto Rican, etc		Black, White, etc.  Specify: BLACK
ETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPA work done during	FION most of working	16b, KIND O	BUSINESS/INDUS	TRY
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	LABO				n/a	
u	17. FATHER'S NAME (First, Middle, Lest) WILLIAM GRAFT	0 N		1 1	16. MOTHER'S NA	AME (First, Middle, Me ZABETH	HILL	
2	VANCE L. JON	ES	19b MAILIN	ADDRESS Street	STEAD	AVE, BA	TIMORE	, MD 21218
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	DE PLACE AND DATE	OF DISPOSITION	Neme of EMETERY	DATE 200	BALTIM	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC				AND ADDRESS OF FA	ACILITY		
	700 Tr.	3loce	mcx	WM.	C. MAR	CH FH	1101 E.	NORTH AVE
	23. PARTI I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ORAL	eech line.	ER	node of dying, aud	ch aa cerdiac Dr I	eapiratory arrea	Approximata interval Between Onset and Deat
2		DUE TO (OR AS	A CONSEQUENCE C	OF):				0
ATIC	Sequentially ilst conditions, If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	OF):				
FIC	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE (	OF):				
CER	resulting in death) LAST	d						
AL	PART II. Other algnificant condition	d. es contributing to deeth	but not resulting	in the underly	Ing ceuse given ir	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1YES 2 NO
MEDICAL	PART II. Other aignificant condition		but not resulting		Ing couse given in	PE	RFORMED?	AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 \( \text{YES} \) YES 2 NO	B contributing to deeth  HOSPITAL:  1   Inpatient 2   ER/Os		26. OTHER:		PE 1 YI	RFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES NO  27. MANNER OF DEATH  Netural 5 Pending	HOSPITAL:	ritpartient 3 DOA	26. OTHER: 4   Nursing H	PLACE OF DEATH (C) ome 5 Residence NJURY AT	neck only one)	RFORMED?	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/Ot 28e. DATE OF INJUR	ritpatient 3 DOA  Y 28b. Til	OTHER: 4 Nursing Hi ME OF 26c. I JURY M 1	PLACE OF DEATH (C) ome 5 Residence NJURY AT WORK?  YES 2 NO	heck only one)  6 St Other (Specify 28d, DESCRIBE H	HOSPICE OW INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Accident S Pending Investigation 3 Sufcide 8 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJUR (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (Month, Day, Year, (M	ripetient 3 DOA  Y 28b. Till IN  RY — Al home, ferm,	OTHER: 4   Nursing H ME OF JURY M 1   street, factory, of	PLACE OF DEATH (Come 5 Residence NURY AT WORK?  YES 2 NO flice  Interest of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	PE 1 YI heck only one)  8 St Other (Specify) 28d. DESCRIBE H 28f. LOCATION (S City or Town,	HOSPICE OW INJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,

VOID
CERTIFICATE # 94-10462
SEE
CERTIFICATE # 94-10842

66101-119

CH-301-HD

examiner must be notified at once.	IMPORTANT: It teem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
aj.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremain. " removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete! In by the funeral director, page 5 should be detached
or death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Francis after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MARY		RIMENT OF H		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last	avinski	OLIM	IOAIL OI	DEAIII	2. DATE OF DEATH MONTH DAY	YEAR 94	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTH	IPLACE (State or Foreign
	215120016	1 🗆 M 2 🔀 F	MYRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5/24/1922	Mai	ryland
	9a, FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN O	R LOCATION OF C	EATH 90	COUNTY OF D	DEATH
DIRECTOR	GOOD SAUNKTAN	Nospmu		BAITH	ore, H		BAHIN	ORE
S S	10e. BTATE 10b. COUN	TY	10c. CIT	Y, TOWH OR LOCAT	ION			10d. INSIDE CITY
급	Maryland			Ва	ltimor	е		LIMITS?
₹ N	10e. STREET AND NUMBER	_		10f	ZIP CODE 2	1212		WHAT COUNTRY?
FUNERAL	532 Beaumont				71	211		
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	If yes, spi	ecify Cuban, Maxic	NIC ORIGIN? (Specify Yes or Nan, Puerto Rican, etc.)	Blac	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAN OR	DATES	1 U YES	2 NO Spec	ny:	Spec	White
E	15. DECEDENT'S EC (Specify only highest gra		16a. DECEDENT'S	Work done during mo	ON et of working	16b. KIND OF BUSINES	SS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 8+)						= 11,8
COMPLET	8th 17. FATHER'S NAME (First, Middle, Last)		Hom	emaker	40 MOTHER'S N	AME (First, Middle, Maiden Surn	000	
	Gilbert W	ilt				ry Agnes L		rg
) BE	19a. INFORMANT'S NAME (Type/Print)		195, MAILIN	ADDRESS (Street a		Route Number, City or Town, St.		21212
유	Mary Ann Kami	nski	53	2 Beaum	ont Av	e. Baltimo	re,MD	21211
	20a. METHOD OF DISPOSITION  1   ☐ Burlal 2 ☐ Cremation 3 ☐ Ra	movel from State	other place)				ON — City or To	
	4 1 Donation 8 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		Morelan		ial Pk	4/11 Park	ville	, MD
	1 N	(1)	-4	Bur	gee-He	nss Funera	1 Hom	e
$\vdash$	23. PART I. Enter the til feesea, o	no aye	nuc)	363		s Road Bal		
	immediate cause (Final disease or condition resulting in death)	a. Ventric	aach lina.	ibillat	To-	or as cardiec or respirate	ry attost,	Approximeta Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Myoco DUE TO (OR AS		infare heat	failur	<u></u>		
CAL	PART II. Other algolificent conditi	one contributing to death	but not reaulting	in the underlying	g cause given i	Part I. 24a. WAS AN AUT PERFORMED		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC						YES 2 🗆	NO	OF DEATH?
Σ						-		1 TYES ZETHO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (C	check only one)		
SIC	EXAMINER?	HOSPITAL:	itpatient 3 🗆 DOA	OTHER: 4 Nursing Horr	ne 5 🗆 Residence	6 Cher (Specify)		
PHYSICIAN:	27. MANNER OF DEATH  Metural 5 Pending	28a. DATE OF INJURY (Month, Day, Year,		JURY WO	PURY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJU	RY OCCURED	
D BY	2 Accident Investigatio 3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm,			28f. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,
E	AA. CERTIFIED							
COMPLETED	(Check only	YSICIAN: To the best of my known NER: On the basis of examiner						(a) and manner as stated.
TO BE	29b. BIGNATURE AND TITLE OF CERTIF	I. Ween, 1	0		29c. LICENSE N	JMBER 29	d. DATE SIGNE	D (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON OF	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Typ	e, Print) 2048	J088	a Rd#LLZ	- Tou	50 NO 21296
	31. DATE FILED (Month, Day, Year)  APR 1 1 1994	Sura Sandan	Pandell					



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TO THE FUNERAL DIRECTORS. After this centificate has been signed by the aftending physician and completely fired in by the funeral director, page 5 should be detached for use as the befind within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0

1. DECEDENT'S NAME (First, Mid	idle, Last)									E OF DEATN	DAY	MEAN	3. TIME OF DEATN
ANTOINETTE	ΞK	AMINSKI							AI	RIL	06	94	8:45P
4. SOCIAL SECURITY NUMBER		5. SEX		rs. last birthday	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DAT	E OF BIRTH		Coun	HPLACE (State or Foreign
220-50-2498		1 M 2XX	43	3 YRS.						th, Day, Year) -20-			ryland
90. FACILITY NAME (If not institute GOOD SAMA!  RESIDENCE OF DECEM	RITA							RE (		7	9c. COI	UNTY OF	DEATH
	b. COUNTY	,		10c. C	ITY, TOWN	OR LOCA	TION						10d. INSIDE CITY
Maryland					Balt	imo	re						LIMITS?
10s. STREET AND NUMBER 532 Beau	mon	t Avenu	ıe		Jay.		1. ZIP COI		2121	1	10g. Ci		WHAT COUNTRY? JSA
11. MARITAL STATUS  Never Married 2 Mar  3 Wildowed 4 Divorced		12. WAS DECEDED FORCES? 1 IF YES, GIVE V	YES 2	2 XNO		If yes, sp	ecify Cub	OF HISPA en, Mexico Specia	an, Puerto	IN? (Specify 's Rican, atc.)	es or No—	Blac	CE — American Indian, ck, White, etc.
15. DECEDE (Specify only hig				e. DECEDENT'	I work done	during me	net of work	dna	16	b. KIND OF E	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)		College (1-4 or 5	+) Me	edica oordi	To refer	ami	nat	ion		Insu	ranc	e Co	ompany
17. FATHER'S NAME (First, Middle							11.7			Middle, Maid			
Anthony F		rd Kami	nski	401 1411111	10 455	0.42			D	Wil			
Mary Ann Ka		cki		532	RADDRES	SS (Street	end Numbi	er or Rumi Aszot	Route Nui	Ralt	wn, Stata, Z	(p Code)	1211 21212
20a. METNOD OF DISPOSITION	1111111	SKI	20h PI	ACEANDDAT				AVEI		TE 20c.			
N Buriel 2 Cremetion			200.12	NOCAMBBAIL	LOI DISTO	)	arrie or		- 1 / 1	2000	.ocarion -	. 17	IOWII, STERE
4 □ Donation 5 □ Other (Spe		oval from State	cemeter	orela	nd M	1emo	ria	l PI	(4/1	1 I P	arkv	1116	e. MD
	ecify)		_ cemeter MC	orela				_					e, MD
23. PART I. Enter the disable shock, or heart disable or condition	ERVICE LIC	complications the	Caused th	de desth. Do	B 3	NAME A Surg 3631 or the mo	PADDR PADDR Fa	Hens	Road	uner Bal	al H	ome MD 2	
21. SIGNATURE OF FUNERAL SE  23. PART I. Enter the disease, or heart IMMEDIATE CAUSE (Final	ERVICE LICE  Sees, or or failure.	DILATED DUE TO	caused the caused the caused the caused the caused the caused the caused the caused to contact the caused to contact the caused to contact the caused to contact the caused to contact the caused to contact the caused to contact the caused to cause the caused to cause the caused to cause the caused to cause the caused to cause the caused to cause the caused to cause the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the caused the cau	ne desth. Do	22 B 3 not enter	NAME A Surg 3631 or the mo	PADDR PADDR Fa	ESS OF FA HENS 11sI ying, suc	Road	uner Bal	al H	ome MD 2	21211 Approximate Interval Betw
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	REGISTRAR		TIFICATE OF DEATH		REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last	Seung In Kim		MON		YEAR 3. TIME OF I					
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest birth			OF BIRTH	a. BIRTHPLACE (Stote					
			RS. MONTHS DAYS HOURS W		ith, Day, Year)	Country)					
or.	9e. FACILITY NAME (If not institution, give	street and number)	9b. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNT	TY OF OEATH					
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FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED		ISPANIC ORIG	N7 (Specify Yee or No —	14. RACE — American Black, White, atc.					
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES 2 THO		If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:							
ED	15. DECEDENT'S ED	DUCATION 16e DECEDI	ENT'S USUAL OCCUPATION	10	P KIND OF BUSINESS (IND)	Kore					
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COMPL	12		Tidilagei								
	17. FATHER'S NAME (First, Middle, Last)	Young Seo Kim	18. MOTHER		Middle, Meiden Sumeme)						
BE	19e. INFORMANT'S NAME (Type/Print)		AILING ADDRESS (Street and Number or I		k Choi	Codel					
2	Jung Ja Lee	100. WA	Same as 10e		noer, City or lown, Stelle, 210 C	J00e)					
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
	4 © Donation 6 □ Other (Specify) Yong In 4/15/93 4_15_94 Kyonggi-Do Korea										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight  22. NAME AND ADDRESS OF FACILITY  Baltimore, Md. 212  Leonard J. Ruck, Inc. 5305 Harford  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   App.										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUEN  DUE TO (OR AS A CONSEQUEN  C.  DUE TO (OR AS A CONSEQUEN  DUE TO (OR AS A CONSEQUEN	ICE OF):	DPAT	144.	NOT					
	PART II. Other significant condition	ona contributing to death but not result	ting in the underlying cause also	n in Part I	24e. WAS AN AUTOPSY	24b, WERE AUTOPS					
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N: MEDIC						,					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEAT	H (Check only o	ne)	1					
SICIAN:	EXAMINER?  1 YES 2 NO	1 Inpatient 2 ER/Outpatient 3 D	OTHER: 4 Nursing Home 5 Reside	ince 6 🗆 Oth	er (Specify)						
PHYSICIAN:	EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending	1. Inpetient 2 ER/Outpatient 3 D 26e. DATE OF INJURY (Month, Day, Year) 26t	OTHER: 4   Nursing Home 5   Reside b. TIME OF	28d, DE							
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At home, h	OTHER: A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	28d, D8	er (Specify) SCRIBE HOW INJURY OCCU	JRED					
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At home 8	OTHER: A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	28d, D8	er (Specify) SCRIBE HOW INJURY OCCL	JRED					
ETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	26e. PLACE OF INJURY — At home, to building, atc. (Specify)  SICIAN: To the best of my knowledge, death or	OA OTHER: 4   Nursing Home 5   Reside b. TIME OF	28d, DE 28f, LO City	er (Specify)  SCRIBE HOW INJURY OCCL  CATION (Street and Number of Yor Town, Stete)	JRED  V Rural Route Number,					
ETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined  20. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	26e. PLACE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY — At home, to building, atc. (Specify)  SICIAN: To the best of my knowledge, death of the basis of examination end/or investigation.	OA OTHER: 4   Nursing Home 5   Reside b. TIME OF	28d, DE 28f, LO City	er (Specify)  SCRIBE HOW INJURY OCCL  CATION (Street and Number of Yor Town, Stete)	JRED  V Rural Route Number,					
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	26e. PLACE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY — At home, to building, atc. (Specify)  SICIAN: To the best of my knowledge, death of the basis of examination end/or investigation.	OA   OTHER:   A   Nursing Home 5   Reside	28d, DE 28d, DE 28f, LO City diducto the curt the time, det	er (Specify)  SCRIBE HOW INJURY OCCL  CATION (Street end Number of rown, Stete)  suse(e) end menner ee stated e end place, end due to the	JRED  V Rural Route Number,					
COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neture   5 Pending Investigation 2 Accident   Could not be determined  20. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	26e. PLACE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY — At home, to building, atc. (Specify)  SICIAN: To the best of my knowledge, death of the basic of examination end/or investige.	OA OTHER: 4   Nursing Home 5   Reside b. TIME OF	28d. DE  28d. DE  28f. LO  City  d due to the cr	er (Specify)  SCRIBE HOW INJURY OCCL  CATION (Street end Number of rown, Stete)  suse(e) end menner ee stated e end place, end due to the	JRED  or Rural Route Number,  d.  cause(e) end menner					
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neture   5 Pending Investigation 2 Accident   Could not be determined  20. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	26e. PLACE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY — At home, to building, atc. (Specify)  SICIAN: To the best of my knowledge, death of the basis of examination end/or investigation.	OA OTHER: 4   Nursing Home 5   Reside b. TIME OF	28d, DE 28d, DE 28d, DE 28f, LO 28f, LO Crip d due to the cri the time, det	er (Specify)  SCRIBE HOW INJURY OCCL  CATION (Street end Number of rown, Stete)  suse(e) end menner ee stated e end place, end due to the	JRED  or Rural Route Number,  d.  cause(e) end menner					

		1 - FOR STATE REGISTRAR	STATE OF MARYL					EALTH AND		HYGIEN REG. NO.	E		
5-0020 anding physician.		1. DECEDENT'S NAME (First, Middle, Last) Allen C. Lai											1:00Am
			5. SEX 8. AGE (In yrs. lest birthdey)   F UNDER 1 YEAR   F UNDER 24 HRS. 7. DATE OF BIRTH   GMOnth, Day 06er)   1910   L1								BIRTHPL	ACE (State or Foreign ania	
	OB	99. FACILITY NAME (If not institution, give street end number) Hebrew Home of Greater Washington  96. CITY, TOWN OR LOCATION OF DEATH ROCKVILLE Montgomery											
	DIRECTO	nesidence of decedent  10a. STATE  10b. COUNTY  Maryland  Montgor	mery			y, town on Location ver Spring							0d. INSIDE CITY LIMITS?  YES 2 NO
	FUNERAL	104. STREET AND NUMBER 10410 Royal Road 101. ZIP CODE 20903 10g. CITIZEN OF WHAT COUNTY U.S.A.											
5-0020 nding physician is the burial-tra	B⊀	3 Wildowed 4 Divorced IF YES, GIVE WARFOR DATES 1 YES 2 NO Spi								ecity: Specity:			American Indian, White, etc.
D 2121 pital or att	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondery (0-12)	usual occupation work done during most of working serviced;  ge 16b. KIND OF BUSINESS/INDUSTRY Federal Energy Regulation										
RYLANI ed by the hos uld be detach ed at once.	BE CON	17. FATHER'S NAME (First, Middle, Last) Yakov Lieb Lande			. 11 .				NAME (First, Middle, Meiden Sumeme) el Lea Grodin				
be retained ge 5 should	5	190. INFORMANT'S NAME (Type/Print)  Robert H. Lande  190. Mailling address (Street end Number or Rural Route Number, City or Town, State, Zip Code)  1211 Ballard Street, Silver Spring, Md.										d. 2	20910
MORE, ge 6 may be lirector, page r must be		20b. PLACE AND DATE of DISPOSITION   20b. PLACE AND DATE of DISPOSITION (Name of Adelphi, Maryland)  20b. PLACE AND DATE of DISPOSITION (Name of Adelphi, Maryland)  20b. PLACE AND DATE of DISPOSITION (Name of Adelphi, Maryland)  20b. PLACE AND DATE of DISPOSITION (Name of Adelphi, Maryland)											
BALTIMORE, nous after death. Page 6 may be of in by the funeral director, page or removal.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  122. NAME AND ADDRESS OF FACULTY 1Ves—Pearson Funeral Homes Falls Church, Va. 22046											
filled in the on, or rer		23. PART i. Enter the diseases, or conshock, or heart fellure. Lie iMMEDIATE CAUSE (Final disease or condition	nplications that caused at only one cause on each	ch line.					ch ss csrdie	c or respi	ratory srrest	,	Approximate interval Between Onset and Death 2 Weeks
cxecuted with and completely filled burial, cremation, matter event, the	_	resulting in death) a.	OUE TO (OR AS A Chronic As										months
SOX ate be er prior to traum	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c											
F # 5	CERTIFICATION	thet initiated evente resulting in death) LAST	DUE TO (OR AS A	CONSEC	OUENCE OF	<b>う</b> :							
CORE ires that the signed by featth and we amy in	EDICAL	PART II. Other eignificant conditions of	contributing to deeth be	ut not re	eeulting I	in the unde	eriyin	g ceuee given in	1	4e. WAS AN PERFOR	MED?	All Ci	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
AL e law has b Dept.	CIAN: M	25. WAS CASE REFERRED TO MEDICAL FXAMINER?					26. PL	ACE OF DEATH (CI	heck only one)				YES 2X NO
F VITA SICIAN: The certificate the State or Item	HYSICI	1 TES 24 NO 1	OSPITAL: Inpatient 2 ER/Outp 26e. DATE OF INJURY	itlent 3			_	e 5 🗆 Reeldence	6 🗆 Other (	'Specify)			
O KH SH P	ВУ РН	27. MANNER OF DEATH  XX Natural 5 Pending 2 Accident Investigation		E OF 28c. INJURY AT WORK?  M 1 YES 2 NO			26d. DESCI	6d. DESCRIBE HOW INJURY OCCURED					
TISIC NTTEND TTOR: A after d	ETED	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 26e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									te Number,		
토토리	COMPLI	290. CERTIFIER (Check only 2 MEDICAL EXAMINER:	N: To the best of my knowl On the beele of exemination									ouse(e) e	nd manner es stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	O BE C	296. SIGNATURE AND SELECT CHAPTER	Jep	20	_	Mi	0	29c. LICENSE NU D05885	MBER		29d. DATE SI	GHED (M	Jorith, Day, Year)
	¥	CHOTTON Tringer M. D.	COMPLETED CAUSE OF DEA	TH (ITEN	1 27) (Type,	Print)	,	122 842	200	-		-/-	7

Steven Lipson, M.D. 6121 Montrose Road, Rockville, Md. 20852

32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

REHOPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found. Page 6 may be instanted by the hospitation and completely filled in by the huneral director, page 5 should be detached for use as the huntar-transit in

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH															
	Irene 7							MONTH DAY YEAR 04-06-1994			YEAR	10:01 A. M.				
	4. SOCIAL SECURITY NUMBER	Lundberg  5. SEX  6. AGE (In yrs. lest birthde)			birthday)		R 1 YEAR IF UNDER 24 HRS.			7. DATE	OF INIRTN			I. BIRTHPLACE (State or Foreign		
	220-14-4267	1 🗆 M 2 💢 🔭	XF 68 YRS.		MONTHS	DAYS	HOUR	B MIN.	03	18/25	,	Mar	yland			
_	Sa. FACILITY NAME (If not in		street and number) Road				9b. CITY	Y, TOWN	OR LOCA	ATION OF D	EATN			INTY OF DEATH		
DIRECTOR	8600 Dela	B	alt	imor	e			Ва	ltim	ore						
EC	10e. STATE		10c. CIT	Y, TOWN	OR LOC	ATION					_	10d. INSIDE CITY				
ä	Maryland	Ва	ltimore				Ba	lti	more						LIMITS?	
IA.	10a. STREET AND NUMBER	101. ZIP CODE				10g. CITIZEN OF			WHAT COUNTRY?							
FUNERAL	8600 Delegge Road								212	37		U.S.A.			Α.	
F	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDED				13.			T OF HISPA		E — American Indian, k, White, etc.				
ВУ	3 Widowed 4 Dive		IF YES, GIVE	WAR OR DA	ATES			1   YE	S 2 📈 N	O Specif	ly·			Spec	ite.	
ED	15. DEC	EDENT'S EDU	CATION		18a. DEC	CEDENT'S	USUAL O	CCUPAT	TION		16b.	KIND OF BU	D OF BUSINESS/INDUSTRY			
COMPLET	Elementary/Secondary (I					Do NOT u	nd of work done during most of working NOT use retired.)									
MP	12	3	3 Nurse								Health		e			
	17. FATNER'S NAME (First, Middle, Last) Charles Tighe					16. MOTNER'S NAM							Sumame)			
BE	19a, INFORMANT'S NAME (	Ų.			1 400	88 849 4844		0.40		rriet						
2	Christine	17	rter									er, City or Tow MD				
	204 METHOD OF DISPOSIT	ION		20b			OF DISPOS			Tuck	DATI		CATION —		own. State	
	V Buriel 2 Crematic	(Specify)	noval from Stata	cem	Prou	natory or o	c.e. C	o mo	tonu		4/9			-		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE															
	Eline Funeral Home Reisterstown, Md. 2113											Md 21136				
	Approximata															
	shock, or heert fallure. List only one cause on each line.  Interval Between One and Death disease or condition resulting in death)  a. Suconaus (a) Lung (arciners)															
	disease or condition resulting in death)	<b>→</b>	. Solla	ma	w	(01	1/4	11	5 (	ar	Imx	Such	1300			
			DUE TO	(OR AS A	CONSEC	UENCE O	F):								/	
O O	Sequentially list condit		DUE TO	OR AS A	CONSEC	UENCE O	n:									
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY	NG J					,								į	
Ē	CAUSE (Disease or Injuthat Initiated events		DUE TO	OR AS A	CONSEC	UENCE O	F):									
H	resulting in death) LAS		d.									<u>-</u>				
1000	PART II. Other algolitics	In the u	the underlying ceuee given in Part I. 24a.				24a. WAS AN		24b	. WERE AUTOPSY FINDINGS						
EDICAL											PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME															OF DEATH?	
TO 48 N. I. WAS CASE REFERENCE TO MEDICAL 26 PLACE OF DI								_								
SICIA	26. PLACE OF DEATN (Check only one)  EXAMINED?  HOSPITAL:  OTHER:															
> 1	1 THE 2 14Q		1   Inpetient 2		petiant 3		4 🗆 Nu	rsing Ho		Residence						
王	27. MANNER OF DEATH	Pending	28a. DATE Of (Month, I			28b. TIN	IE OF JURY	V	NJURY AT VORK?		28d. DES	CRIBE NOW I	NJURY OC	CURED		
B	2 Accident Investigation								YES 2	NO	281 1.00	284 LOCATION (Street and Number or Cum) Doub Number				
Accident    Accident   Investigation   M   1   YES								office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
t e u									sels) and me	mar an ele	lad					
COMPL															a) and manner as stated.	
	296. SIGNATURE AND DITLE	111		2					_	ICENSE NU		1 1	_		(Moretty, Press, West)	
TO BE		Vas	Me	100					1	36	181	4	<b>&gt;</b>	4/1	0/94	
F	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED ON	SE OF DE	ATN (ITEM	27) (Type	Print)		p	, , /	1	7 0 1		7	1-1-11	
	1505	09	CB1 L	1/10	DE		UT	16	5	24	10	WS.	on,	M	461604	
	21. DATE FILED (Movim, Day). ΔPR 1	1 199	1 32. REGISTR	AR'S SIGN	ATURE	0.	7									
- 1	UI IV I	T 100	7 1 1		WOT V-/	mar										

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		,	
BALLIMORE, MARYLAND 21215-0020	e law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permir. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 88780,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC	MENT OF H	EALTH AND MI	ENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH			
	HERMAN C	LEE				3-30-94	YEAR	8:45A M			
				UNDER T YEAR	IF UNDER 24 HRS. 7	Month, Day, Year)	8. BIRTI-	PLACE (State or Foreign			
	210 09 1232		74 YRS.	NIPE DAYS	HOURS MIN. 2	-13-1920	Ma	ryland			
-	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
DIRECTOR	1100 Bolton Street #603 Baltimore na										
<u> </u>	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY			
E E	Maryland na	1	Balt	imore			LIMITS?				
AL											
FUNERAL	1100 Bolton S	Street #6	03	-	21217		USA				
E I	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 . YES			ENDENT OF HISPANIC	ORIGIN? (Specify Yea o	r No - 14. RACI	I. RACE — American Indian, Black, White, atc.			
BY	3 Widowed 4 polyocced	IF YES, GIVE WAR OR DAT			2 NO Specify:	r derito ricell, etc.)	Spec	tty:			
	15. DECEDENT'S EDUCAT	1942-45	16a. DECEDENT'S USI	IAL OCCUPATIO	· ·	16b. KIND OF BUSIN		Black			
COMPLETED	(Specify only highest grade con	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo.	st of working	IOD. KIND OF BUSIN	ACSS/INDUSTRY				
립	12 +	55110ge (1-4 6) 5 4)	Bus D	river		Transp	ortati	on			
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Maiden Su					
ш	Robert Alexand	er Lee			Eula J	ackson					
0 8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural Rou	Route Number, City or Town, State, Zip Code)					
-	Ms Adriene Bacot	te	l Sun	top Ct	T-1,Ba	ltimore,	MD2120	9			
	20s. METHOD OF DISPOSITION 1		PLACE AND DATE OF Differy, crematory or other		me of	DATE 20c. LOCA	TION — City or To	wn, Stata			
93	4 🔀 Donation 5 🗎 Other (Specify)	- A									
	21. HOMATURE OF PUMERAL SERVICE LICENSEE RODald Wade, Dir   22. NAME AND ADDRESS OF FACILITY State Anatomy Board   655W. Baltimore St, Balto, MD21201										
1	Smin //	I lele	-					21201			
	23 PART I. Enter the disesses, or con shock, or heart feiture. Lis	nplications that caused	the death. Do not ch line.	enter the mo	de of dying, auch a	e cardiac or respira	tory arrest,	Approximats interval Batween			
	MEDIATE CAUSE (Final				-	= 4		Onest and Death			
	resulting in death) - a. Coronary arty durage										
	resulting in death)  a. Oronory antry directly  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.  b. Oronory antry directly  Candiavar and admit										
CERTIFICATION											
AT	If sny, leading to immediate cause. Enter UNDERLYING	D	1 0 5	Ton 1	1000ti						
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	- /c		<b>V</b>					
FR	resulting in death) LAST										
	PART II. Other algorificant conditions of	contributing to death by	t not reculting in t	he underlying	sever about to Be			WERE AUTOPSY FINDINGS			
CAL		Joint Deling to death bu	it not resulting in t	ne underrymiç	cause given in Pa	PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED						1  YES 2	NO	OF DEATH?			
Σ						-		1 TYES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Check	paly ope)					
Sic		IOSPITAL:		THER:	5 Rasidence 8						
<u>¥</u>	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJ	JRY AT 2	8d. DESCRIBE HOW INJ	URY OCCURED				
ВУ	1 Netural 5 Pending 2 Accident Investigation	(MONN, Dey, Your)	INSORT		RK? ES 2 NO						
ED	3 Sulcide 8 Could not be	28s. PLACE OF INJURY - building, stc. (Specif	— At home, farm, etras	t, factory, office	2	8f. LOCATION (Street and City or Town, State)	d Number or Rural F	Route Number,			
	4 Homicide datarmined										
PE	29a. CERTIFIER 1 CERTIFYING PHYSICIA	IN: To the best of my knowle	dge, death occurred a	t the time, data	and place, and due to	the cause(s) and manne	er an atated.				
COMPLET	one) 2 MEDICAL EXAMINER: (	On the lassia of axamination	and/or investigation, is	n my opinion, d	eath occured at the tim	ne, data and place, and	dua to the cause(s	) and menner as stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	Shirt	V A	MLMD	29c. LICENSE NUMBE	R :	29d. DATE SIGNED	(Month, Day, Year)			
TO B		100			120	215	D 4-	4-94			
F	30. NAME AND ADDRESS OF PERSON WHO C										
	DR NAIR R	ROSEMONT H	EALTH CE	NTER	800 Bra	addish Av	venue 2	1216			
	APR 8 - 1994	32. BEGISTRAR'S SIGNA	TURE								
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1 7	1. DECEDENT'S NAME (First,	, Middle, Last)			<u> </u>	ICATE (			2. DAT	E OF DEATH	NO.	YEAR	3. TIME OF DEATH
	Byro							pril	8.19				
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DAT	E OF BIRTH			IPLACE (State or Foreign
	362-26-599		1 XM 2 F	69	YRS.	MONTHS (A	413	HOURS MIN.					ssouri
~	9a. FACILITY NAME (If not in			: L				R LOCATION OF O			9c. COU	NTY OF D	EATH
CTOR	Greater Ba		ore Med	Cente	er	]	wo ¹	son			Bal	tim	ore
ш	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR L	OCATIO	ON	-				10d, INSIDE CITY
H	Maryland								Bal	timo	re		LIMITS?
AL	10e. STREET AND NUMBER						101.	ZIP COOE			10g. CIT	IZEN OF V	WHAT COUNTRY?
5	3431 F	olan	d Avenu	e				21211				U.S	.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.		13, WAS	DECE	NDENT OF HISPA	NIC ORIG	IN? (Specify	Yes or No-	14. RACE	E — American Indian, k, White, etc.	
Β¥	1 ☐ Never Merried 2 ☐ Merried FORCES? 1√7 YES GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WIRT OR YES, GIVE WIRT OR IF YES, GIVE WIRT OR IF YES, GIVE WI							2XNO Speci		o riicais, eic.,		Speci	My:
9			I WWI		OECEDENT'S	USUAL OCCU	PATION	- · · · · · · · · · · · · · · · · · · ·	1.,	L KNID OF	Discussion (In	DILOTON	white
	15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5+)				(Give kind of a	work done durir	ng most	t of working	1.00	DE, KIND OF	BUSINESS/IN	DUSTRY	
OMPL	1 2	-12)	College (1-4 or 5		rite	r				Spo	rts		
S S	17. FATHER'S NAME (First, Middle, Last)						Т	18. MOTHER'S NA	AME (First	_			
E C	Unknown								kow				
10 B	190. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRESS (S)	reet end	d Number or Rurai	Flourie Nu	mber, City or	Town, State, Zij	Code M	aryland
F	Toby Dr	ews			3	431 R	col	and Av	enu	e, B	altim	ore	, 21211
									TE 20c.	LOCATION -	City or To	wn, State	
	Maryland Veteran Cem. 4/12   Garrison Forest, N												
	Burgee-Henss Funeral Home												
	Scales Gens (aspentie) 3631 Falls Road Balto., MD 21211												
	23. PART I. Enter the dispesse, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, ehock, or heart fellure. List only one cause on each line.  Approximate interval Betw												
	IMMEDIATE CAUSE (Fin		and only one oat	1 1	1	- 4			7	7			Onset and D
	disease or condition a. Modes to					こし	W	uo- (1	DIC	celle	Mon		2 mor
	DUE TO (ON AS A CONSEQUENCE OF):												
8	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
E	cause. Enter UNDERLYING												
띮	CAUSE (Disease or inju that initiated events	ry	c. OUE TO	(OR AS A CONS	SEOUENCE O	F):							+
ERTIFICATION	resulting in death) LAST												
ö	PART II. Other aignifice	nt condition	as contributing to	death but no	t regulting	In the under	di da a	nouse shine to	Dort I	Tax una	AN AUTOPSY	1	. WERE AUTOPSY FINDS
₹				GOUTH DUT NO	treconning	iii tile dilicei	lynig	couse given in	rant i.	PER	ORMEO?	240	AVAILABLE PRIOR TO COMPLETION OF CAU
MEDIC							1 TYES	2 100		OF DEATH?			
										1			1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					28. PLA	CE OF DEATH (C)	heck only	one)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	Home	5 🗆 Residence	8 🗆 04	ner (Specify)			
ᅔ	27. MANNER OF DEATH		28e. DATE OF		28b. TIM		c. INJUI	RY AT	_		W INJURY OC	CUREO	
ВУ Р		Pending Investigation	(MOINT, D	ray, reer)	1111		YE	ES 2 NO					
ا ۵	3 Suicide 8	Could not be	28e. PLACE C	F INJURY — At etc. (Specify)	home, ferm,	street, fectory,	office		28f. LC	CATION (Street	et and Number	r or Rural F	Route Number,
	4 Homicide	determined		(-)						y 01 10#11, 31	3(0)		
	29e. CERTIFIER (Check only	IFYING PHYS	ICIAN: To the best of	my knowledge,	death occurr	ed at the time,	date a	and place, end due	to the c	ause(s) end	manner se sta	ted.	
2													
OMPL	one) 2 MEOI	CAL EXAMINE	R: On the basis of e	xamination end/	or investigation	n, in my opini	on, dea	ath occured at the	time, de	te and place	and due to ti	ne ceuse(s	) end manner ee state
BE COMPLI	2 MEOI	OF CENTURAL		xamination end/	or investigation	en, in my opini	_	ath occured at the		te and place			(Mgnth, Day, Year)

AVEN BUND 32. REGISTRAR'S SIGNATURE Julia Sevideon-Rondo



31. DATE FILED (Month, Day, Year)
APR 1 1 1994

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a record within a record of within a record of the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit Panes 1 2 3 chould
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)  EDITH M-	LEWIS			BLAITI	2. DATE OF DEATH	AY YEA			
	4. SOCIAL SECURITY NUMBER 217 30 1871	1 □ M 343xF 6	-	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, 9 %) 1 9 3	8. BH	RTHPLACE (State or Foreign unitry)		
OR	9a. FACILITY NAME (If not institution, give Uni Uni	street and number) iversity Hoversiyty Hoversiyty	ospital ospital	96. CITY, TOWN	or Location of Di	EATH	9c. COUNTY O	FDEATH		
DIRECTOR	10a. STATE 10b. COUNT	10,100,000		Y, TOWN OR LOCA		<u> </u>	, , , ,	10d. INSIDE CITY LIMITS?		
FUNERAL	10e, STREET AND NUMBER	P.O.Box 60	0	10	1. ZIP CODE 26722		U.S.	1 YES NO NO NO NO NO NO NO NO NO NO NO NO NO		
BY FUN	11. MARITAL STATUS  1. Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAI	NC ORIGIN? (Specify Yen, Puerto Rican, stc.)	s or No — 14. R B Sp	ACE — American Indian, lack, Whita, etc. pecify:		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementacy/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	Iffe. Do NOT us	vork done during m se retired.)	ost of working		SINESS/INDUSTR			
	17. FATHER'S NAME (First, Middle, Lest)  James Ott		Sewing	Machin	18. MOTHER'S NA	ator Ker ME(First, Middle, Maiden ia Fishe)	Surname)	oe Co.		
TO BE	19a, INFORMANT'S NAME (Type/Print) Greg Foley				and Number or Rural I	Pour Number, City or Town	n, State, Zip Code)			
	20a. METHOD OF DISPOSITION 13/3 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		D. PLACE AND DATE O	of Disposition (Nather place)	emetery	DATE 20c. LO	CATION — City or	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADDRESS OF FA	daight Fu	neral	Home		
	23. PART i. Enter the disesses, or shock, or heart feliure.  IMMEDIATE CAUSE (Finsi disesse or condition resulting in death)	complications that cause List only one cause on a	d the death. Do nosch line.							
CERTIFICATION	shock, or heart feliure. List only ene ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Approximate Intervel Batween Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  ANEVRY SM  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant condition D(ABETES) OBES(TY)	HYPENTEN CAD, CHP		on the underlying OPD,	g ceuse given in MORBI	Part i. 24a. WAS AN PERFOF	IMED?	24b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 7 NO		
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO NO	HOSPITAL:	Patient 3 DOA	OTHER:	ACE OF DEATH (Che					
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	M 1	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	one) 2 MEDICAL EXAMINE	ICIAN: To the best of my know ER: On the basis of axemination						e(s) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Burno h.	Δ.		29c. LICENSE NUM	BER	29d. DATE SIGN	ED (Menth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO  CRUCK K BUKA  31. DATE FILED (Month, Dec 1981)	10. M.D.	U-M-m.		S. GR	GENE S	. BA	HLT. MD 21201		
	APR 1 1 1994	Filte POST ARS SIGN	parkite se							

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

attending physician. be detached for retained by the e death. Page 6 may filled in by the filled, or removal. certificate be

BALTIMORE, MARYLAND 21215-0020

BOX 68760

DIVISION OF VITAL RECORDS, P.O.

Pages 1, 2, 3

permit. use as the burial-transit notified must medical n and completely fille to burial, cremation, the event. traumatic the attending physician Mental Hygiene prior to other Health and Shows pt. of Dept. certificate h this c marked L OR ATTENDING P. DIRECTOR: After ti hours after death v - 69 HOSPITAL FUNERAL ( WITHIN 72 h

STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Charles _ C Montgomery Apr 01 1994 01.45 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 218-30-7914 DAYS 59 HOURS YAS. JUNE 24,1934 VIRGINIA 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 16 Left Alerion Drive Essex Baltimore 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 16 LEFT AILERON STREET 21220 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Slege (1-4 or 5+) COMPL ASSEMBLER GENERAL MOTOR COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) ERNEST M. MONTGOMERY ETHEL BE FORD 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROSE BUCK SAME AS # 10 be 20e. METHOD OF DISPOSITION
1 A Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE "LAYTONSVILLE" CEMETERY 4 Donation 5 Other (Specify) 4/5 LAYTONSVILLE, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MURIEL H. BARBER FUNERAL HOME 20882 W P.O. BOX 5038 LAYTONSVILLE, MARYLAND 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory streat, Approximate ahock, or heart fallure. List only one ceuse on each line Intervel Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 9 PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS amy COMPLETION OF CAUSE 1 YES 2 | NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 JYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e, OATE OF INJURY TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, lectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 28 COMPLET 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my we, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 MEDICAL EXAMINER: OF ion, in my opinion, death occured at the time, date end place, and due to the cause(a) and manner as stated 29d. DATE SIGNED (Morror, Day, Year) 29c. LICENSE NUMBER BE O.C.M.E. Apr 01 1994 2 SEATH (HER 27) Type. Print) Mario F. Golle/ Jr. M.D 111 Penn Street, Baltimore, Maryland 21201 APR 1 1 1994 32. REGISTRAN'S SIGNATURE 1994

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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١	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be fi	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL	ND / DEPARTM CERTIFIC				GIENE		100			
	11.1.1.1.1		Ney			2. DATE OF DE	EATH BAY	YEAR :	B:35 A M			
	4. SOCIAL SECURITY NUMBER 214-14 -3129	1 🗆 M 2 💢 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BH (Magnity Day,		8. BIRTHP Country)	LACE (State or Foreign			
TOR	90. FACILITY NAME (If not institution, give FRANKUN SQUARE RESIDENCE OF DECEDENT	Street and number) HOSPITAL CENTE		. CITY, TOWN O	R LOCATION OF DE	EATH /		UNTY OF DEA Ltimor				
DIRECTOR	10a. STATE 10b. COUNT	Baltimore	10c. CITY, TO	OWN OR LOCAT	Rosedal	Le		10d. INSIDE CITY LIMITS? 1 □ YES 2 [X] NO				
FUNERAL	100. STREET AND NUMBER 6713 Garvey R	d.		101	ZIP CODE 2123	37			AT COUNTRY?			
BY FUN	11. MARITAL STATUS  t Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 (NO	If yes, spi	ENDENT OF HISPAN Inclify Cuben, Mexico 2 NO Specify	n, Puerto Rican,		14. RACE - Black, Specify:	- American Indian, White, etc. White			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elemantery/Secondery (0-12) 1.2	UCATION le completed)  College (1-4 or 5+) 2	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Homemake	done during mo- tired.)		16b. KIND	OF BUSINESS/IN	IDUSTRY				
BE CON	17. FATHER'S NAME (First, Middle, Last) Augustus M. Mil	ler			18. MOTHER'S NA	ME (First, Middle,			9			
TO B	Joseph M. Moone	y	196, MAILING AD 6713	oness (Street e Garvey	Rd. Balt	Number, City	y or Town, State, Z Md 21.	237				
	20e. METHOD OF DISPOSITION  1 & Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) Parkwood Cemetery 4-12-94  Parkville, MD											
1	21. SIGNATURE OF FUNERAL SERVICE INCENSEE  22. NAME AND ADDRESS OF FACILITY  CVach/Rosedale Funeral Home  1211 Chesaco Ave.											
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arreat, alphock, or heert feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
MEDICAL CERTI	thet initiated evente resulting in death) LAST  PART II. Other significent condition	WAS AN AUTOPSY PERFORMEO? YES 2 NO		VERE AUTOPSY FINOINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			24 84	ACE OF PEATH (C)			'	YES 2 NO			
SIC	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch		offy)					
PHY	27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ			HOW INJURY O	CCURED				
BĄ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, ferm, stree	M 1 0	ES 2 NO	281. LOCATION City or Tow	(Street and Number	er or Rural Ro	ute Number,			
COMPLETED	4 Homicide determined  29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowl		t the time date	and place, and due			ata d				
OME		ER: On the beele of examination							end manner ee stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	ML, M.D.			29c. LICENSE NUM D 2530	BER 3	29d. DA	A SIGNED (	Month, Day, Year)			
F	30. NAME AND ADDRÉSS OF PERSON W MARK HIMMRLHEBE	RIMID. FRANKL	ATH (ITEM 27) (Typo, Pri	HOSPITA	L CENTER							
	31. DATE FILED (Month, Day, Year) APR 1 1 1994	32 REGISTEMA'S SIGNA	TWRE									

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL	뚱
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	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OHECROR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HE	ALTH AND I	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)  THELMA	JUANITA				2. DATE OF DEAT		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		MAR (In yrs. lest birthdey) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7	94	IPLACE (State or Foreign
	067-28-7697	1 🗆 M 2 🏋 F		-	HOURS MIN.	(Marth. Bay. To	3	Count	IPLACE (State or Foreign V) VA
DIRECTOR	9e. FACILITY NAME (If not institution, give  CARROLL CO.	street end number)  GENERAL HO		CITY, TOWN OF	LOCATION OF DE	EATH	9c. COUNT		LL CO.
S	RESIDENCE OF DECEDENT  100. STATE 10b. COUNT	ry	10c. CITY, TO	OWN OR LOCATIO	ON				10d. INSIDE CITY
	MD		WES	STMINIS	STER				LIMITS?
₹¥	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZI	EN OF	VHAT COUNTRY?
MER	76 CENTER	STREET			21157	7		U.S	.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 🕅 Mayorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 K NO	13. WAS DECE If yee, spec 1 - YES 2	Ify Cuben, Mexico	IIC ORIGIN? (Specify n, Puerto Ricen, etc. //	Yee or No—	I4. RACI Blac Spec	E — American Indian, k, White, etc.
9	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completerii	16a. DECEDENT'S USL (Give kind of work	JAL OCCUPATION	of unchine	16b. KIND OF	BUSINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ife. Do NOT use rei	tired.)	or working				
MO	17. FATNER'S NAME (First, Middle, Last)				18 MOTHER'S NA	ME (First, Middle, Ma	iden Sumeme)		
BE C	IRA REED				BESSI		IDOLPH		
2	190. INFORMANT'S NAME (Type/Print)  CARL MART	'IN			Number or Rural I	Route Number, City or	Town, State, Zip C		21216
	20e. METNOD OF DISPOSITION	201	D. PLACE AND DATE OF D				LOCATION — CI	-	
	1 X Buriel 2 Cremation 3 Rer	noval from Stale cen	netery, cremetory or other (	plece)		1			TOWN, MD
	21. SIGNATURE OF FUNERAL SERVICE L		/		ADDRESS OF FA		KANDAI		TOWN, IID
	MARCH F/H- WEST 4300 WABASH 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest,								
CERTIFICATION	shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A	ech ilne.			0			Approximate interval Between Onset and Death  Sex Odd Coy (
PHYSICIAN: MEDICAL CE	PART II. Other algorificent condition	ne contributing to death b		he underlying	cause given in	PEF	S AN AUTOPSY FORMED? S 2 NO	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Y	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (Ch	eck anly one)		1	
ZK	1 TYES 2 NO	HOSPITAL:		THER:  Nursing Home	5 Residence	6 Other (Specify)			
	27. MANNER OF DEATN  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOR	K?	28d. DESCRIBE NO	W INJURY OCCU	JRED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	— At home, lerm, stree	M 1 YE	S 2 NO	28I. LOCATION (St		r Rural I	Route Number,
ETE	4 Nomicide determined	ounding, etc. (open	City)			City or Town, S	raie)		
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYS	SICIAN: To the best of my know							and manner ea stated.
8	200. SIGNATURE AND STILL OF CENTIFIE	Jelent	7		29c. LICENSE NUN	MBER 7/5	29d. DATE	SIGNED	(Month, Day, Year)
٥	M.L. Fryde	HO COMPLETED CAUSE OF DE	Covol	Co. C	Seul	Horp.	Wes	Lu	insky MX
	APR 1 1 199	4 July 1944	Hon-Randell						

## BALTIMORE, MARYLAND 21215-0020

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NDING PHYSICIAN. The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician	1. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 structure of the sith and Mental Hybride prior to burial cremation, or remayal	
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		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.				
		1. OECEDENT'S NAME (First, Middle, Leet)  IRENE	ARGARET	М	ALIDED		2. DATE OF DEATH DATE OF DEATH				
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	AURER IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign		
밀		215-10-5627	1 □ M 2 対 F 89	YRS.	MONTHS DAYS	HOURS MIN	(Month, Day, Year)	Cou	Germany		
2, 3 should	_m	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN C	OR LOCATION OF DEA	ATH	9c. COUNTY OF	DEATH		
.2.	DIRECTOR	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNT									
Pages	뿐	Maryland 106. COUNT	r		Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?		
mit.		100. STREET AND NUMBER		Ва	altimore			1	1 X YES 2 NO		
physician. burial-transit permit. Pages 1,	FUNERAL	3606 Wilkens Ave	nue		101	21229		U.S.A.	F WHAT COUNTRY?		
Sician ial-tra	5	11. MARITAL STATUS	12. WAS OECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No.— 14, RA	ACE — American Indian.		
	B	1 Sever Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR C			ecify Cuban, Maxican 2 XNO Specify:			ack, White, alc.		
al or attending for use as the	TEO I	15. DECEDENT'S EDUI (Specify only highest grade		(Give kind of	USUAL OCCUPATION		16b. KINO OF BUS	SINESS/INDUSTRY			
oital or	PLET	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	Flor	se retired.)		Solf-1	Employed	1		
the hospita detached 1 once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		1 101	LSC	18 MOTHED'S NAM	NE (First, Middle, Maiden		1		
by the	C	Unknown				Unknov		Surname)			
5 should	9 0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		oute Number, City or Town	n, State, Zip Code)			
ay be ref page 5 s	10	Kathy Duklewski		302 1	North Dr	ive, Seve	rna Park,	MD 21	1146		
e 6 m ector, must		20s. METHOD OF DISPOSITION t	ovel from State	b. PLACE AND DATE ( metery crematory or o Oudon Pai	of disposition (Na ther place) CK Mauso.	ne of leum	1 .	cation - city or ltimore,	277		
death. Pag tuneral dir I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC.									
by the fun emoval.		HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave, Baltimore, MD 21229  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such ea cardiac or respiratory arrest, Approximate									
th certificate be executed within ending physician and completely filled litygiene prior to burial, cremation, or other traumatic event, the	CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	114	PFI:	dory	alre		Interval Between Onset and Death		
the death y the attend of Mental Injury, C	- 1	PART II. Other algoliticant condition	e contributing to deeth i	but not reculting	in the underlying	cause given in F	Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS		
equires en sign of Healt	: MEDICAL		as	serio.	rcles	esd	PERFOR  t  YES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN: The law in certificate has be the State Dept. Id. or Item 23 s	A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	ck only one)				
or item	SICI	EXAMINER?  1 YES 2 NO	HOSPITAL:	tpatiant 3 DOA	OTHER:	e 5 Rasidenca 8					
PHYSICI this cer with th	РНУ	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT RK?	28d. DESCRIBE HOW II	NJURY OCCURED			
DING PHYS After this death with	BY	2 Accident Investigation	200 BLACE OF IN HUR	Y 40 b 1		ES 2 NO					
OR ATTENDING DIRECTOR: After hours after death	TED	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spe	T — At nome, term, scily)	street, factory, office		281. LOCATION (Street a City or Town, State)		J Route Number,		
TAL OR A VAL DIREC 72 hours If Item	COMPLET		CIAN: To the best of my know								
HOSPITAL FUNERAL WITHIN 72 h			R: On the basis of examination	on and/or investigation	n, in my opinion, d				71 - 11		
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE	296. SIGNATURE AND TITLE OF CERTIFIEF	(Comma)	Jun	2	29c. LICENSE NUME		29d. DATE SIGNI	ED (Month, Day, Year)		
		MUSTAFA C OZ, M.D.				RNOLD.MD	21012		,		
V		31. DATE FILED (Month, Day, Year)	32. RIGISTRAR'S SIGN	NATURE		,					
		APR 1 1 1994	Juna saula	son-Hande							

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the face of the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following following the following the following the following following the following the following the following following the following following the following following the following following the following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		FOR	
1	_	STATE	
9	_	REGISTRAR	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Linst)					2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATN	
	Georgia	I [	MARYLAND				7	94	1621	
	4. SOCIAL SECURITY 9 6 1 1 212-28-4611	1 M 2 X F	E (In yrs. lest birthday)  NRS.	F UNDER 1 YEAR IF U	MIN.	7. DATE OF BIRT (Month, Day, Y 05 12	iar)	Count	NPLACE (State or Foreig try) nnsylvania	
	9a. FACILITY NAME (If not institution, give at			96. CITY, TOWN OR LO		EATN	9c. C0	DUNTY OF I		
DIRECTOR	St. Agnes Hospit	al		Baltimore	City					
3	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	40. 01714	TOWN OR LOCATION						
									10d. INSIDE CITY LIMITS?	
_	Maryland	Baltimore	В	altimore					1 TYES 2 NO	
				101. ZIP (			10g. C		WHAT COUNTRY?	
	2835 Michigan Av				21227			U.S		
	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO		Cuben, Mexico	NIC ORIGIN? (Special), Puerto Rican, at fy:		14. RAC Blec Spec	E — American Indian, ik, White, atc. ihy: White	
	15. OECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S U	SUAL OCCUPATION	tile	16b, KIND C	F BUSINESS/	NDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	rk done during most of w retired.)	vorung					
	8th		Sales (	Clerk		Mon	tgomer	y Wa	rd	
	17. FATNER'S NAME (First, Middle, Last)			18. 1		AME (First, Middle, M	eiden Surname	)		
	Bruce BOTORFF			100	Cale	tta (U	NKNOWN	1)		
2	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Nu						
	Pearl Wentworth		2835 1	Michigan A	lvenue	, Baltim	ore, N	1D .	21227	
	20a. METNOD OF DISPOSITION 120 Burial 2 Cremation 3 Remo		Ob. PLACE AND DATE OF			OATE 2	c. LOCATION	— City or T	own, State	
1	4 Donation 5 Dotter (Specify)		Glen Haven	er plece)		4/9/94	Glen	Burn	ie. MD	
1	Glen Haven 4/9/94 Glen Burnie, MD									
- 1	HUBBARD FUNERAL HOME, INC.									
4	21229 23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,   Approximate									
	IMMEDIATE CAUSE (Final disease or condition	List only one cause or	sed the death. Do no seach line.	et enter the mode of	f dylng, suc	ch as cardiec or	respiratory	arrest,	Approximate interval Betv	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	aDUE TO (OR A	and the death. Do not each line.  A A CONSEQUENCE OF:	et enter the mode of	f dylng, suc	th as cardiec or	respiratory	arreat,	Approximate interval Betv	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	aDUE TO (OR A DUE TO (OR A C	a each line,  and a C  s a consequence or)	et enter the mode of	f dylng, suc	ch as cardiec or	respiratory	arreat,	Approximate interval Betv	
Sentification.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	S A CONSEQUENCE OF:	et enter the mode of	lyft	this cardiec or	respiratory	arreet,	Approximate interval Betv	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	S A CONSEQUENCE OF:	et enter the mode of	lyft	Part I. 24s. W	respiratory	arreat,	Approximate interval Bate Onset and D Communication Market Market Prior To AMAILABLE PRIOR TO	
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	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  In but not resulting in	et enter the mode of	dying, such	Part I. 24a. W PI 1 U Y	AS AN AUTOPS ERFORMED?	arreat,	Approximate interval Betw Onset and D Few M.  D. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C. DUE TO (OR A  d. HOSPITAL:	S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  Duty not resulting in	t enter the mode of  Let enter the mode of  26. PLACE (  OTHER:    OF   28c. INJURY A	ise given in  OF DEATN (C)	Part I. 24a. W PI 1 U Y	AS AN AUTOPS ERFORMED? ES 2 NO	arrest,	Approximate interval Baty Onset and D FOUNDAME.	
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	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO    27. MANNER OF DEATN  1   Netural 5   Pending Investigation    3   Suicide 8   Could not be determined    29e. CERTIFYING PNYSIC CERTIFYING PNYSIC CONTINUED    20e. 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FOR STATE REGISTRAR

t. DECEDENT'S NAME (First, Middle, Last)

	t. DECEDENT'S NAME (Firs	t, Middle, Last	n							E OF DEATH			3. TIME OF DEATH
	JOSEPH		MILTON	Ų.		MUM	FOR	D	AP	RIL 4	, 19	94	11:25
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. Ia	st birthday)	IF UNDER 1		IF UNDER 24 H	/4.4-	E OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign)
	219-30-982		t M 2 D F	57	YRS.	MOWINS	DAYS	HOURS M		05	1936		ryland
-	9a. FACILITY NAME (If not	nstitution, give	street and number)			9b. CITY, 1	OWN C	R LOCATION O	F DEATH		9c. COL	JNTY OF D	EATH
5	IN FRONT C	)F 12	47 JAMES	STREE	ET	BAI	TI	MORE					
DIRECTOR	10e. STATE	tob. COUN	TY		10c. CIT	Y, TOWN OR	LOCAT	ION			-		10d. INSIDE CITY
F -	Maryland				Ва	altimo	ore					400	LIMITS?
AL	10e. STREET AND NUMBER		1-	4			101	ZIP CODE			10g. CI1	TIZEN OF V	VHAT COUNTRY?
FUNERAL	1247 James	Stre	eet				1	21223			U.	S.A.	
BY FU	11. MARITAL STATUS  1 Never Married 2 3 Dividowed 4 Div			NT EVER IN U.S. AI I YES 2 X MAR OR DATES		If	yes, sp	ENDENT OF HE Inclify Cuban, Mi 2 (2) ENO S	xican, Puart		Yes or No—	Black	- American Indian White, alc. White
ED		CEDENT'S ED			ECEDENT'S				10	b. KIND OF	BUSINESS/IN		WIIIEC
ET	(Specify on Elementary/Secondary (	ly highest grad 0-12)	de completed) College (1-4 or 5		Give kind of a e. Do NOT us	work done du se retired.)	ring mo	st of working					
COMPLET	6	,			lerk					Α	& P		
Ö	17. FATHER'S NAME (First, I	Aiddle, Last)	4					18. MOTHER'S	NAME (First	Middle, Maid	len Sumame)		
BE (			known					Ste	lla Ma	e SE	ABREE:	ZE	
TO E	19a. INFORMANT'S NAME (	,		19				nd Number or R				ip Code)	
-	Ella Wease		ord				-	St, Ba	altimo	re, M	D 2	1223	
	20a. METHOD OF DISPOSITION 1X Burlet 2 Cremati	on 3 🗌 Re	moval from State		AND DATE (						LOCATION -		1,010.0
	4 Donation 5 Other		ICENSEE	Loudo	n Par			Pry ADDRESS O	14/	8 B	altim	ore,	MD
	The second second	1	11 10					RD FUNI		OME.	INC.		
	1/10	Lun	11/2 11	17				Vilkens				. MD	21229
CERTIFICATION	Sequantially list condi if any, leading to immo cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	ediata ING ury	с	OR AS A CONSE									
CE			d										1
AL	PART II. Other signific	ant condition	ons contributing to	death but not	resulting	in the und	arlying	g cause give	n In Part I.		AN AUTOPSY	24b.	WERE AUTOPSY FIN
WEDICAL										1 TYES	2 10		COMPLETION OF CA OF DEATH?
-													1 TYES 2 TH
PHYSICIAN:	25. WAS CASE REFERRED	DO MEDICAL	1										
SICI	EXAMINER?	O MEDICAL	HOSPITAL:	7 F010 4 - 1		OTHER:	26. PL	ACE OF DEATH	(Check only	one) T	N PTO	CK-II	P TRUCE
HXS	27. MANNER OF DEATH		1 Inpetient 2		28b, TIM			e 5 ☐ Reside	nce 6 🗆 Off	er (Specify)	Anbukylbi	duald	STREET
		Pending Investigation	(Month, L	Day, Year)		URY	WO	RK?	10000	LUCINIDE 140	- 2004	DE ONED L	OI NEED.
) BY	2 Accident 3 Suicide	Could not be	28e. PLACE (	OF INJURY — At h	ome, farm, r	street, factor		-	28f. LC	CATION (Stre	et and Numbe	or Rural F	Route Number,
TED	4 Homicide	determined	building	, etc. (Specify)					Cit	y or Town, St	nto)		
LET	29a. CERTIFIER	TIFYING PHY	SICIAN: To the best of	f my knowledge, d	leath occum	ed at the lin	e dete	and place, and	due to the c	euro(e) and		eted.	
COMPL			NER: On the besis of a										) and manner as st
	29b. SIGNATURE AND TITL							29c. LICENSE					(Month, Day, Year)
BE	Denn	· 1	Chrite	- M				O.C.					5, 1994
10	30. NAME AND ADDRESS C	1			EM 27) (Type,	Print)		0.01.			1111		3, 1, 1, 1, 1
				111			re	et p	altin	1020	Mar	wlar	d 2120
	31. DATE FILED (Mornin, Day)		32. SEGISTR	S SIGNATURE	0		TE	CL. D		ore.		ATGU	<u>u 2120</u>
_ 8	APR 1	1 199	4		- Indian								
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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		Pages
		permit.
<b>BALTIMORE, MARYLAND 21215-0020</b>	within yours after death. Page 6 may be retained by the hospital or attending physician.	mpletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 6876

pital or attending physi	od for use as the buria		
THE COURT OF A TENDING PHYSICIAN: The law requires that the death certificate be executed within the refair feeth. Page 6 may be retained by the hospital or attending physical properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of th	INVIET THINK INTECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria		IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ter death. Page 6 may	the funeral director, pa	wal.	al examiner must b
uted within jurs af	completely filled in by	he may write a may after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ic event, the medica
sath certificate be exec	ittending physician and	ital Hygiene prior to bu	r, or other traumat
w requires that the de	been signed by the a	pt. of Health and Men	3 shows any Injury
VG PHYSICIAN: The la	ter this certificate has	ath with the State De	marked, or item 2
CONTRA OR ATTENDI	INC. DIRECTOR: A	fiftin 72 hours after de	ANT: If Item 28 Is
7	TOWNE FI	Marin M	IMPORT/

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMENT CERTIFICATE		MENTAL HYGIEN	_	
33	1. DECEDENT'S NAME (First, Middle, Last)			OI DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	VIVIAN	J MARV	EL	5 6		\$ 1994	
- 4			i. last birthday) IF UNDER	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	RTHPLACE (State or Foreign puntry)
	216-46-0944 19e. FACILITY NAME (If not institution, give stree	□ M 2 🖾 F 93	YRS.		Aug 11, 1	· · · · · · · · · · · · · · · · · · ·	Maryland
OR	Northwest Hospital			town or Location of D Indallstown	DEATH	Baltin	nore County
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CITY, TOWN OF			Darer	10d. INSIDE CITY
E I		more Co.	Hebbyi				LIMITS?
	100. STREET AND NUMBER	note co.	l ueppA1	10f. ZIP CODE		10g. CITIZEN	1 ☐ YES 2 🙀 NO  OF WHAT COUNTRY?
FUNERAL	7615 Windsor Mill	Rd.		21244		USA	4
2	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		AS DECENDENT OF HISPA yes, specify Cuban, Mexic		s or No — 14. F	ACE — American Indian, Black, White, etc.
ВУ Е	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		YES 2 NO Speci			ipecity:
1.00	15. DECEDENT'S EDUCAT	TION 164	. DECEDENT'S USUAL OC	CURATION	MEN KIND OF BU	SINESS/INDUSTF	White
ETE	(Specify only highest grade co.	mpleted) College (1-4 or 5+)	(Give kind of work done diffe. Do NOT use retired.)	uring most of working	IOD. KIND OF BU	OINESS/INDUSTR	
1PL	6th Grade	5511350 (1-4 51 5 4)	Homemaker		G		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Maider	Sumame)	
BE (	Paul Schohl			Grace	e Unknown		
10	19a. INFORMANT'S NAME (Type/Print)			(Street and Number or Rural			)
	Mr. Joseph Marvel			e Rd. Bal			
	1 Burial 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	il from State cemetery	CEAND DATE OF DISPOSI crematory or other place)	Cemetery	DATE 20c. LC	CATION — City of	r Town, State
- 8	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE C	raine Park	Lemetery	ACIUTY	odlawn,	Maryland
	Dolm V x	J ) )		ring Byers			
	23. PART VEnter the diseases, or con	unitestions that caused the		28 Liberty			
	shock, or heart feiture. Lis	st only one cause on each	line.	the mode of dying, sur	cii sa cardiac or resp	iratory errest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	Sentin	Cike Sy	Gan.			Onset end Death
	resulting in death) s	Septic DUE TO (OR AS A CON	ISEOUENCE OF):	navo			427,
z	6						V
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A COR	ISEQUENCE OF):				
3	CAUSE (Disease or Injury	DUE TO (OR AS A COR	SECTION OF				
F	that initiated events resulting in death) LAST	55E 10 (011 120 X 001	iological or j.				
	d, _						
AL.	PART II. Other significant conditions of Diabetes	contributing to death but n	ot resulting in the unc	terlying ceuse given in	Part I. 24s. WAS AP PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC			COOSTON	y	1 YES :	2 DNO	COMPLETION OF CAUSE OF DEATH?
ME	Bilated pluer	la ( a fu sin		0			1 TYES 2 LINO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			AR DI ACE OF DEATH #			
Sic	EXAMINER?	IOSPITAL:	OTHER		THE PARTY OF THE PARTY		
HX	27. MANNER OF DEATH	26s. DATE OF INJURY	26b. TIME OF	ing Home 5 Residence 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY M	WORK?			
ED B	3 Suicide 6 Could not be	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, street, facto	ry, office	28t. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,
	4 Homicide determined						
COMPLET	control only	AN: To the best of my knowledge On the basis of examination and					ea(a) and manage as a second
	MATURE AND TITLE OF CERTIFIER	$\sim$	,,, o,				
BE	Syrace and	DX-		29c, LICENSE NU	91	DO S	NED (Month, Day, Year)
유	35. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH		101	11		10012
	Vergell MAI	RHZ NWF	1				
	31. D/ FILED (Month, Day, Year)	2. REGISTRAR'S SIGNATUR					
- 15	APR 1 1 1994	Yuka Bardan a	2.44				

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TO TRE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

THEFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fired within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF I		/ DEPAR CERTIF					MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)				10/11	_ 01	DLA		2. DATE O	F DEATH			3. TIME OF DEATH
- 9		Mildred	E. M	ſay					04	10		994	9:55 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. i	last birthday)	IF UNDE	-	IF UNDER		7. DATE O	BIRTH		8. BIRTH	PLACE (State or Foreign
120	236 24 9579	1 🗌 M 2 🔀 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) L/1908	3	Wes	st Virginia
- 23	Sa. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	r, TOWN O	R LOCATIO	ON OF DE		,		INTY OF D	
OR	Meridian Nurs	ing Cente	r		Set	rerna	Par	k			Anr	ne Ar	undel
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	γ		100 00	V TOWN	OR LOCAT	ION						
E	Market Company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the	ne Arunde	1	111		na Pa							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	10 111 01100					ZIP CODI	F	_		10a CIT	TZEN OF W	1 ☐ YES 2 🔯 NO
FUNERAL	24 Truckhouse H	Road					211				"	J.S.A	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. /	ARMED	13.	WAS DECI			HC ORIGIN?	(Specify Ves			
	1 Never Married 2 Married	FORCES? 1	YES 2 2	ОИ	- 1		cify Cuba	n, Mexica	n, Puerto Ak			Black Speci	. — American Indian, t, White, etc.
BY	3 🔀 Widowed 4 🗌 Divorced						4.0	apouny				Space	"White
百	15. DECEDENT'S EDU (Specify only highest grade		1.0	DECEDENT'S	work done	during mos		NT	16b. J	IND OF BUS	HNESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	1)	A.A. (	se retired.)				,	Board	of I	- Auga	tion
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	<u>5 + vea</u>	rs f	1.A. (		eaci						cuuca	CION
		Howard M	cCov				18. MOTI		ME (First, Mid LIV Z			9	
H	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street o	ad Mumbar		-4				_
2	Bernard May		1	703 S	tone	Road	d	West	tmins	ter,	Mary	1and	21158
	20a. METHOD OF DISPOSITION			EANDDATE					DATE	20c. LO	CATION —	City or To	wn, State
j.	1 M Buriel 2 Cremation 3 Removel from State Cemetery crematory or other place) 4 Donation 5 Other (Specify) Baltimore							ce, M	aryland				
	21. SIGNATURE OF FUNERAL SERVICE U	реньех			22.	NAME AN	D ADDRES	SS OF FAC	ce Fu				
	Tunell	Sun							ce ru Hwy.				
- 1	23. PART I. Enter the diseases, or	complications the	t caused the	desth. Do									Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	ise on each lii	ne.								2,411.41	interval Between Onset and Death
	disease or condition	WA	TW	0		C+	JS	-0-	FM	PHYSEMA	Δ		
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions,	a Chuc		65	572	XX	10	P.	1	40	1. 20	pe	
CERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CONS	EDUENCE O	F):					0			
걸	CAUSE (Disease or injury	C. DUE TO	(OR AS A CONS	EOUENCE O	EL.								
Ē	that initiated events resulting in death) LAST	552 10	(on AS A CONS	EGOENCE O	· ).								
		d	1-1-1-										
PA S	PART II. Other significant condition			t resulting	in the u	nderlying	cause (	given in I	Part i. 2	4a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
	hoppopal	alyce	) · C _							YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
M									_				1 TES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN: MED	EXAMINER?	HOSPITAL:			ОТНЕ	ri:			eck anly one)				
H K	27. MANNED OF DEATH	1 Inpatient 2 28e. DATE OF		3 LI DOA		28c. INJU	_	sidence	6 Other (	Specify)	HIRV OC	CURED	
	1- Netural 5 Pending	(Month, D			IURY M	WOI	RK?	I NO	zed. DEŞC	HIBE HOW II	AJUNY OC	COMED	
2 Accident Investigation 1 YES 2 ND  2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATIO						20f. LOCAT	ION (Street a	ind Numbe	r or Rural R	loute Number.			
						Town, State)							
PLE	29e. CERTIFIER (Check only	ICIAN: To the best of	my knowledge, o	death occurr	ed at the t	time, date	end place.	and due	to the course	e(s) and man	oper as ste	ted	
WO	one) 2 MEDICAL EXAMINE												) and manner ee stated.
	296. SIGNATURE AND PITCE OF CERTIFIE		2			1		NSE NUM		- 1-III			(Month, Day, Year)
) BE	TILL )	CUST	_				010	715	-1		Þ 4	/14	199
2	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUS	SE DF DEATH (IT	EM 27) (Type	Print)	0 /	1	0		(	1		
	GLENN F. KUBB	INS 16	00 CR.	AIN 1	THV	5' (	Len	1 B	LRNI	E M	1d-	210	61
1	31. DATE FILED (Month/ Day! Year)	32. DEGISTRA	R'S SIGNATURE	0	- /					/			
Ш	APR 1 1 1994	Self-March	BOOK BALLA D	Mary 8 - 60	5								

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use is be filled within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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		) / DEPARTMENT OF CERTIFICATE OF		ENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)		2	, DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	JOHN L. MCLAIN		1	MARCH 22	1994 4:00 P M					
		( last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)					
		3 9 YRS.		1-31-55						
<u>~</u>	9a. FACILITY NAME (If not institution, give street and number)  1426 WOODALL ST		OR LOCATION OF DEATH	H 9c. C	COUNTY OF DEATH					
DIRECTOR	1426 WOODALL ST.	BALTI	MORE		na					
H 0	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCA	ATION		10d. INSIDE CITY LIMITS?					
	Maryland na	Baltimor	е		1 TES 2 NO					
3AL	100. STREET AND NUMBER	1	of. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?					
FUNERAL	1426 Woodall Street									
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	□NO If yes, s	pecify Cuban, Maxican, P	ORIGIN? (Specify Yes or No- Puerto Rican, atc.)	14. RACE — American Indian, Black, White, etc.					
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 🗌 YE	\$ 2 NO Specify:		Specify: White					
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USUAL OCCUPAT (Give kind of work done during n	ION	16b. KIND OF BUSINESS						
ET	Elementary/Secondary (0-12) College (1-4 or 5 +)	ille. Do NOT use retired.)	nost or working							
COMPL										
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME	(First, Middle, Melden Surnam	10)					
BE	400 INFORMANTIC MARKE CONTROLL									
5	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street	and Number or Rural Roul	te Number, City or Town, State	, Zip Code)					
	O C M C  20a. METHOD OF DISPOSITION  20b. BLA	CE AND DATE OF DISPOSITION (F	Nema of	DATE 20c, LOCATION	N — City or Town, State					
	1 Burial 2 Cremation 3 Removal from State cemetery	, crematory or other plece)		DATE 200, COURTON	1 — Only or lown, state					
	THE SERVE LEWON	de, Dir 22. NAME	AND ADDRESS OF FACILI	TY State An	atomy Board					
	A should I lade a se	655W	.Baltimor	reSt,Balto	,MD21201					
-	23. PART I. Enter the diseases, or complications that caused the	701								
	shock, or heart fellure. List pnly pna cause pn each	ilne.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a column of the principle	intarvai Between Onset and Death					
	disease or condition	udia			Oliset and Death					
	resulting in dasth) a. DUE TO (OR AS A CON	ISEQUENCE OF):	-							
z										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate									
2	cause. Entar UNDERLYING CAUSE (Disease or injury  that initiated experience or injury  DUE TO (OR AS A CON	INFOLISHOS OF								
TI.	that initiated events resulting in death) LAST	ISEQUENCE OF):								
CE	d									
AL	PART II. Other significant conditions contributing to death but n	ot rasulting in the underlying	ng cause given in Pa	rt i. 24a. WAS AN AUTOP PERFORMED?	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
MEDIC				YES 2 NO	COMPLETION OF CAUSE					
				_ /	YES 2 NO					
N.										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? AFTURE HOSPITAL:	OTHER:	PLACE OF DEATH (Check							
τΥS	XXYES 2 □ ND 1 □ Inpatient 2 □ ER/Outpatien  27. MANNER OF DEATH 26a, DATE OF INJURY	100000	me XIXResidence 6 D	Other (Specify)	ochuld. Is I					
	1 Netural 5 Pending (Month, Day, Ser)	INJURY	YES ZA NO	STEEL PLES	ed Freezy					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be 28e, PLACE OF INJURY — A	0.	A 0	BI, LOCATION (Street and Nur	mber or Rural Route Number,					
TED	Homicide determined building, atc. (Specify)	Home	1	466 WOO	DAU ST.					
LET	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge		te and place, and due to							
COMPL	(Check only 2 X MEDICAL EXAMINER: On the beels of examination and									
	29b. BOMATURE AND TITLE OF CERTIFIER	^	29c. LICENSE NUMBE							
BE	/ (Man lasko W	()	O.C.M.		MARCH 23, 1994					
2	30. NUM AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH,	(ITEM 27) (Type, Print)								
	30. NOW AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	ıı Penn Stı	reet, Bal	timore, Ma	aryland 21201					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR									
	APR 1 1 1994 Andersan	tall .								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. In the flower, hours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIALE	UF MAK	YLAND / DE Cer				DEAT			I <b>YGIEN</b> I IEG. NO.	E		
	1. DECEDENT'S NAME (First, A	Middle, Lest)								2. DATE OF I	DEATH		3.	TIME OF DEATH
	EVELYN	Sarah			PUI	FINE	BERG	ER	þ	)4	03	9	4 2 L:	13 PM M
	4. SOCIAL SECURITY NUMBE			GE (In yrs. lest birth		IF UNDER	1 YEAR	IF UNDER		7. DATE OF E (Month, De	BIRTN W. Your)		8. BIRTNPL Country)	ACE (State or Foreign
	215-26-9706	1 M 2		83 Y	RS.	MONTHS	DAYS	HOURS	MIN.	03/05	/11		Mary.	land
~	9a. FACILITY NAME (If not inst					9b. CITY	, TOWN O	R LOCATIO	ON OF DEA	TN		9c. COL	INTY OF DEA	rn
5	NORTH ARUNDE	L HOSPITAL	ASSOC	IATION		GLI	EN BU	JRNII				Α	.A. CC	UNTY
C H		10b. COUNTY		100	c. CIT	Y, TOWN C	OR LOCAT	ION					10	d. INSIDE CITY
DIRECTOR	Maryland	Anne Arund	el		Od	ento	n							LIMITS?
	10e. STREET AND NUMBER				-			ZIP CODE				10g. CIT	IZEN OF WHA	
ER	524 Gladhill	Road						211	13			US	SA	
FUNERAL	11. MARITAL STATUS	50505		R IN U.S. ARMED		13.	WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (S	pecify Yea	or No-	14. RACE -	American Indian, White, etc.
ВУ	1 Never Married 2 N 3 Widowed 4 Divorce	IF VES	GIVE WAR O					2 NO			1, 816.)		Specify:	
	15 DECEI	DENT'S EDUCATION		16a. DECEDE	ENT'O		COLUBATIO			Lan. visit				White
	(Specify only i	highest grade completed)		(Give kir	nd of v	vork done	during mos	st of working	g	160. KIN	D OF BUS	INESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-1	(12) College (1	-4 or 5+)	Н	ome	make	r							
COMPLETED	17. FATNER'S NAME (First, Mid-	die, Last)	***				_	18. MOTH	ER'S NAM	IE (First, Middl	e, Maiden :	Surneme)		
ш	Pendleton	Hovermale						Lo	rena	Georg	ia A	mbro	se	
TO B	19a, INFORMANT'S NAME (Typ							nd Number	or Rural Ro	oute Number, C				
F	Charles W.		er	1240	00	Wind	ing	Lane	Во	owie,	MD.	2	2071.5	
	20g. METNOD OF DISPOSITIO	3 Removal from S	tate	20b. PLACE AND D	DATE C	F DISPOS	ITION (Na	me of	21.4	DATE	20c. LO	ATION —	City or Town	, State
	4 Donation 5 Other (S	- Address		Piney Pl	lai						Litt	le C	rlean	s, MD.
	( 1 -) A	SERVICE LICENSEE				22.		ve F		$^{ ext{\tiny LLTY}}$	ne.			
	Kiclare	( ), SA		_		14	1 W.	Main	St.I	P.O.Bc	x 36	8 Ha	ncock	MD. 21.750
	23. PART i. Enter the dis	eases, or complication of failura. List phiy	ns that cau	sed the death.	Do n	ot enter	the mo	de of dyl	ng, such	ss cardisc	or respli	retory si	rest,	Approximats
	IMMEDIATE CAUSE (Fine	0			15	la s		A	h					interval Batween Onaet and Death
	disease or condition reaulting in death)	a	Cur	A CONSEQUENTED THE	r	un	- 7	w	w~					
			DUE TO (OR A	S'A CONSEQUEN	CE OF	D: 11	1							
CERTIFICATION	Sequentielly list conditio	ne,		S A CONSEQUEN										
Ă	if any, lesding to immedicause. Enter UNDERLYIN	G G	(0		00 01	,.								
필	CAUSE (Disesse or injury that initiated events		DUE TO (OR A	S A CONSEQUEN	ICE OF	7):		-						
토	resulting in desth) LAST	d												
	PART II. Other eignificen	t conditions contribu	ting to deat	h but not resul	ting i	n the us	derivloc	COURS	lven in 9	Part I 24a	. WAS AN	ALEMONEY		ERE AUTOPSY FINDINGS
CAL		Hyperl			ting i		werryning	i couse g	14611 111 1	244	PERFOR		AN	WILABLE PRIOR TO OMPLETION OF CAUSE
		10-14								_   10	YES 2	□ NO	O	DEATH?
∑										- ]			1	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	EATN (Chec	ck only one)				
Sic	EXAMINER?	HOSPIT		Outpetient 3 🗆 D	AOA	OTHER 4 Nun	R:		V. 1744	Other (Sp	acifu)			
[	27. MANNER OF DEATN	28a. [	ATE OF INJU	RY 288	b. TIM		28c. INJ	JRY AT		28d. DESCRI		JURY OC	CURED	
ВУ Р	1 Netural 5 Pe	ending vestigation	world, Day, 161	"	INJ	M		RK7 ES 2	NO					
	3 Suicide 6 C	ould not be	LACE OF INJ	URY — At home, f	erm, e	treet, fact	ory, office			28f. LOCATIO	N (Street a	nd Numbe	r or Rural Rou	e Number,
	4 Nomicide da	stermined									www. ololoy			
12		YING PHYSICIAN: To the	best of my k	nowledge, death o	ccurre	d at the t	lme, deta	and place,	and due to	o lhe cause(a	) and man	ner sa ste	rted.	
COMPL	one) 2 MEDIC	AL EXAMINER: On the be	ele of exemin	stion and/or invest	tigatio	n, in my o	pinion, de	eth occur	ed at the ti	lma, date and	placa, and	dua to t	he cause(a) a	nd manner as stated.
l w l	296. SIGNATURE AND TIME	CERTIFIE						29c. LICE	NSE NUME	BER	T	29d. DA	TE SIGNED (M	onth. Day. Year)
TO B	V	100						D'	3811	8			4/4	194
F	30. NAME AND ADDRESS OF I						DOI T	0 11	DAT .	ND C	1/01		1 1	
	LISA DIMARZI				L/1	ANNA	YUL I	>, MA	AKYLA	AND 2	1401			
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DIVISION OF VITAL RECOF

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most offer that the death certificate be executed within the most offer that the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
---------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------

1	1. DECEDENT'S NAME (First, Middle, Last)			CATE OF		REG. N		3. TIME OF DEATH		
	DORA	D.		PRAG		April 6,	1994	12:05 A		
	4. social security number 147 30 5954	1   M 2   F	GE (In yrs. lest birthdey) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May 5, 19	03	BIRTHPLACE (State or Foreign YORK, NEW		
TOR	9e. FACILITY NAME (If not institution give 1801 E. Jeffe	rson Street		ROCKVI.	RLOCATION OF E	PEATN		y of DEATH LIGOMETY		
DIRECTOR	10a. STATE 10b. COUNT Maryland M	ontgomery	10e. GTV	ckville	ION			10d. INSIDE CITY LIMITS? 11 YES 2 NO		
FUNERAL	1801 E. Jeffe	rson Street		101	20852			n of what country?  States		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 XXWidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 (2)10	If yes, sp		NIC ORIGIN? (Specify tan, Puerto Rican, etc.)	fes or No— 14	I. RACE — American Indian, Black, White, atc.		
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S L (Give kind of w life. Do NOT use Teacher	ork done during mo		Newark Lauc	usiness/indus Board cation			
E COMPL	17. FATHER'S NAME (First, Middle, Last) HATTY DVOICS				18. MGTHER'S N	MUTIK MOWN	en Surname)			
TOB	192. INFORMANT'S NAME (Type/Print) Dianne Lerner		195 MAYING	oness Still	Series M. W	House NumWaSHII	ng toni, a	D.C. 20007		
	29e METHOD OF DISPOSITION 1-1-1 Burial 2 Cremation 3 Ram 4 Donation 8 Other (Specify)	noval from State	20b. PLACE AND DATE O					y or Town, Stata Lage, NJ		
	21. SKHADONE FUNERAL SERVICE L	CENSEE				n Funeral				
HILLAHON	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
AL CE	PART II. Other aignificant condition	na contributing to deet	h but not resulting in	the underlying	ceuse given in	Part I. 24a. WAS A	IN AUTOPSY	24b. WERE AUTOPSY FINDIN		
: MEDIC						1 □ YES		COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL						
7	1 _ YES 2 _ NO	1 Inpatient 2 ER/C	Outpatient 3 DOA	4 - Nursing Hom		6 Other (Specify) 28d. OESCRIBE HOW	IN HIRV OCCUR	200		
	1 Netural 5 Pending	(Month, Day, Yes	er) INJU	M 1 1	RK? 'ES 2 NO					
ву Рну	2 Accident Investigation	28c BI 405 05 011	IIDV At hame			261. LOCATION (Street	t and Number or			
ED BY	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	28e. PLACE OF INJUDE building, etc. (5	URY — At home, ferm, at Specify)	reet, factory, office		City or Town, Stat	(b)	Rural Route Number,		
PLETED BY	2 Accident 3 Suicide 4 Nomicide  29s. CERTIFIER (Check only) 1 CERTIFYING PHYS	iCIAN: To the best of my kr	Specify) nowledge, death occurred	I at the time, data	and place, and du	City or Town, State	anner as stated.			
EIED BY	2 Accident 3 Suicide 4 Nomicide  29s. CERTIFIER (Check only) 1 CERTIFYING PHYS	ician: To the best of my ke	Specify) nowledge, death occurre- ation and/or investigation	I at the time, data , in my opinion, d	and place, and du	City or Town, States to the cause(a) and me time, data and place,	anner as stated.			

ITEMS: 23 PART I, II, 27, 28a-f, PER MEO FILM G-710 4/15/94 t.t

	1. DECEDENT'S NAME (First, Middle,	Last)						2	2. DATE OF C	DEATH			TIME OF DEATH
	JAMES	н.			PURN	VELI	L JR	. A	PRIL	4		94 8	3:15 H
	4. SOCIAL SECURITY NUMBER 2220 - 66 - 3567	5. SEX	6. AGE (In yrs	s. last birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	24 HRS. 7	Alouth, Day	19 - 56	8. M	GOUDENY L	CE (State or Foreig
	9e. FACILITY NAME (If not institution,	give street end number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DEAT				OF DEATH	
TOR	2506 N. CALVE	RT STREET	Γ		BAI	TIN	MORE	CIT	Y		n/	3	
DIRECTOR	10e. STATE 10b. CO			10c. CIT	BAL		ion MORE					V	I. INSIDE CITY LIMITS?
ERAL	100. STREET AND NUMBER	TH AVENUE				10f.	ZIP CODE	202			CITIZEN	OF WHAT	COUNTRY?
FUNE	11. MARITAL STATUS 11. Never Married 2 Merried	12. WAS DECEDE FORCES?	NT EVER IN U.S	NO	16	yes, spe	ENDENT O	F HISPANIC n, Mexican, I	ORIGIN? (Sp Puerto Rican	pecify Yee or No	0- 14.	RACE — / Black, WY	American Indian, nite, etc.
D BY	3 Widowed 4 Divorced		WAR OR DATES					Specify:				Specify: [	BLACK
田田	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) \( \begin{align*} \begin{align*} \left( 0 - 12 \) \\ \begin{align*} \left( 0 - 12 \) \\ \begin{align*} \left( 0 - 12 \) \\ \end{align*}			Iffe. Do NOT u	work done du	CUPATIO luring mos	DN st of workin	g	16b. KIN	n/a	S/INDUST	TRY	
E COMPL	17. FATHER'S NAME (First, Middle, Las JAMES H. P		SR.					HER'S NAME NKNO		a, Meiden Surna	me)		
TO B	190. INFORMANT'S NAME (Type/Print) CATHY RAA			196. MAILING 201	ADDRESS E.	(Street ar	R TH	or Rural Rou A V E	NUE,	BAC T	T M 61	ŔΈ,	MD 212
	20s. METHOD OF DISPOSITION 1 Å Journel 2 Gremation 3 G			ACE AND DATE				0.4	DATE -11	DUND			
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WEI AMA COO OF 1 [E	MPLETION OF CAUM DEATH? VES 2 NO  Number, RT STREE

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nowns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

										ned. No.			
	1. DECEDENT'S NAME (First,									2. DATE OF DEATH MONTH DA	W	YEAR	3. TIME OF DEATH
	Mabel	Rel	becca	Per	kins					April 9	19	194	4:30 AH
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTNPI	LACE (State or Foreign
	217-22-8046		t □ M 2½□ F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	JULY 5,19	03	MARY	
ı	9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CIT	Y, TOWN	OR LOCATION	ON OF OE			NTY OF OEA	
۳ ا	Union Mem	orial	Hospit	-a1		R-	1+;	more	o C:	+ + + +			
KI	RESIDENCE OF DEC	EDENT	поврт	-41		100	1101	.IIIOI (	- C1	LLY		_	
DIRECTOR	10e. STATE	tob. COUNTY	·	_	t0c. CIT	Y, TOWN	OR LOCA	TION				t	ed. INSIDE CITY LIMITS?
ā	MARYLAND					В	ALTI	MORE					X YES 2 NO
A	10e. STREET AND NUMBER						to	. ZIP COD	E		tôg. CIT	IZEN OF WH	AT COUNTRY?
8	3939 ROLLAND	AVENU	UE, APT.	509					212	11		U	.S.A.
FUNERAL	1t. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	t3.	WAS DEC	ENDENT C	F NISPAN	IIC ORIGIN? (Specify Yea	or No —	14. RACE -	- American Indian,
	t Never Merried 2		FORCES? to	YES 2X	Хио			ecify Cuba		n, Puerto Rican, etc.)		Black, Specify:	White, etc.
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Ē	8TH GRADE			CL	ERICA	L				ST. AG	NES :	HSOPI'	TAL
Ö	17. FATNER'S NAME (First, Mi							ts. MOTI	NER'S NA	ME (First, Middle, Malden	Sumeme)		
BE	STANLEY B.	WHITE						IDA	A VI	RGINIA ALV	ΕY		
	194. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	ADDRES	\$ (Street o	and Number	or Rural F	Route Number, City or Town	n, State, Zij	o Code)	
임	VIRGINIA SI	MERINO	3		2 LAW	RENC	E BR	00K 1	ROAD	- CATONSV	ILLE	, MD.	21228
,	20a METHOD OF DISPOSITI	ON D.		20b. PLAC	EANDDATE	OF DISPO	SITION (N	me of		DATE 20c. LO	CATION —	City or Town	n, State
	4 Donation 5 Other		Ovali Irom State	BALT	TMORE	NAT	IONA	L CE	METE	R¥ 4/13 B	ALTI	M ORE	
	21. SIGNATURE OF FUNE A	L SERVICE LIG	INSEE //	/ 1	0	22.	NAME A	ND ADDRE	SS OF FA	AL HOME IN			
	D 701	1103	1	XOM	>					AVENUE-BAL		DE 1/1	01000
	23. PART I. Enter the di	seasee, or o	complications that	t caused the	death. Do	not enter	the mo	MTTIVI	Ind such	AVENUE-DAL	I IMO	KE, MI	Approximate
	shock, or he	eart feilure.	List only one car	ise on each li	ine.					r as cararao or reap		1001,	interval Between
	iMMEDIATE CAUSE (Fin disease or condition	ai	1	2. /	0		1	/					Onset and Death
ł	reaulting in death)	~	a. DUE TO	(OR AS A CONS	SEQUENCE O	Di /	101	Cen	re.				Ta
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CERTIFICATION	Sequentially ilst conditi	Dna,	b. DUE TO	(OR AS A CONS	SEQUENCE O	F);		7	7				107
YA!	cause. Enter UNDERLYi	NG											
Ĕ	CAUSE (Disease or inju that initiated events	, L	DUE TO	(OR AS A CONS	SEQUENCE O	F):			-				
F	reaulting in death) LAS	T .	d										
	24.57 11 211 111												
MEDICAL	PART II. Other aignifica			death but no	t reaulting	In the u	nderlyin	g cause (	given in	Part I. 24s. WAS AN PERFOR		A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă	Hypoth						_			t YES 2	NO		COMPLETION OF CAUSE OF DEATH?
ME	Pemie	outh of	Anen	, on								t	☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE	_	ACE OF D	EATH (Ch	ack only one)			
YS.	1 YES 2 NO		t 🗀 Inpatient 2	ER/Outpetient	3 🗆 DOA			6 5 🗆 Re	sidence	6 Other (Specify)			
H	27. MANNER OF DEATH	557	28a. DATE OF (Month, E		28b. TIN	IE OF	28c. IN.	URY AT		28d. DEŞCRIBE NOW II	NJURY OC	CURED	
B		Pending Investigation				M	t 🗌	YES 2	NO				
		Could not be	28e. PLACE C building,	otc. (Specify)	home, lerm,	street, fac	tory, offic			28f. LOCATION (Street e City or Town, Stete)	nd Numbe	r or Aural Aou	ute Number,
	4 Nomicide	seterminud											
7	29e. CERTIFIER (Check only	IFYING PNYSI	CIAN: To the best of	my knowledge,	death occurr	ed at the	time, date	end place	and due	to the cause(a) and man	ner ee ata	ted.	
COMPLET	one) 2 MEDI	CAL EXAMINE								time, date end placa, en			
S I	296. SIGNATURE AND TITLE	OF CENTIFIER						29c. LICE	ENSE NUN	IBER	29d. DAT	E SIGNED (A	Vonth, Day, Year)
∞ ∥	Clacor	-	Lazo	to.	30			ATZ	43.80	141-080rs	1	Ban C	9 1994
임	30. NAME AND ADDRESS OF	PERSON WH	O ECIMPLETED CAU	SE OF DEATH (F	TEM 27) (7)04	Print)			.00 /	, p			. , , , ,
	Uscome	Gu	4478e	25 ME	2	Lon	O-,	Ma	بالان وجال	ral the	20	100	estimore
	3t. DATE FILED (Month, Day.	-	32. FEGISTRA	SIGNATURE	30						/		Annth, Day, Year)
	APR 1	1 1994	guna	Beviden-	yande	6							

use as the burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A frours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Dent, of Health and Mental Honelee prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (Fir	st, Middle, Last)	Charles	J. P	OMARZY	NSKI		,	2	REG. N			3. TIME OF DEATH
Cha	rles	J.	120	mar	71/	051	41	-1.	MONTH 4	1 / 94	YEAR	1010
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In y	rs. last birthday)	IF INDE	R 1 YEAR	IF UNDER 24 HR	8. 7.	DATE OF BIRTH	//	8. BIRTI	HPLACE (State or Foreign
375-36-382	5	1 M 2 🗆 F	55	YRS.	MONTHS	DAYS	HOURS MH	d	(Month, Day, Year) ec. 4,	1938	M1	chigan
Sa. FACILITY NAME (If not	institution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATION OF			_	UNTY OF E	
Howard Cour	nty Ger	neral Hos	pital		Co	oluml	bia			Н	oward	i
RESIDENCE OF DE	10b. COUNT			1	TY. TOWN							
	Howa						ville					10d. INSIDE CITY LIMITS?
Maryland		aru		PI	arric		I. ZIP CODE			T 40 - 01	777711 00 1	1 YES 2 1 NO
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11. MARITAL STATUS	direb itt	12. WAS DECEDEN	T EVER IN U.	S. ARMED	13.	WAS DEC		PANIC	ORIGIN? (Specify Y			E — American Indian,
1 Never Married 2		FORCES? 1 IF YES, GIVE W				If yes, sp		rican, P	Puerto Ricen, etc.)		Blac	k, White, etc.
3 Widowed 4 Div	vorced											White
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Elementary/Secondary	(0-12)	College (1-4 or 5 +	)	Ille. Do NOT	use retired.)							
		C-2	L1	nsuran	ce Re	epre		_	Life In			
17. FATHER'S NAME (First,	Middle, Last)	DOMA	DOWNE	7.			-		(First, Middle, Maide			
Anthony 19a. INFORMANT'S NAME	(See State)	PUMA	RZYNSI				Marth				LISH	
Mary Diane		zvneki							te Number, City or To Arriotts			21104
200 METHOD OF DISPOSE		Lynski	Tank Di	ACEANDDATE				110		OCATION -		
1 Burlel 2 Cremat	lon 2   Bom	oval from State		y, crematory or		1 -	autie Ot			LUCATION -		
			Cra	ct los	n Car	rdan	C	1.1	8/9/ Mas	rriot	towi '	110 MD
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the hospital or attending physician.	HHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Paled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	CONTRACTOR CO. In contract on these Contractors was interested from second the modified at second to second the second to second
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	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	YEA	3. TIME OF DEATH
	Yvonne Pryer					April 7	1994	
	216-34-8346	□ M 2 <b>K</b> F	GE (In yrs. last birthday) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. Date of Birth (Month, Day, Year) 2-9-1937	6. Bi	RTHPLACE (State or Foreign NC
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FUNERAL	2503 Violet Avenue	Apt. 505	S		21215			States
BY	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 N Divorced	P. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes,	ECENDENT OF NISPAI specify Cuben, Mexica ES 2 NO Specifi		8	ACE — American Indian, Hack, White, etc. pec/fy: Black
	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION ricieted)	18e, DECEDENT'S	USUAL OCCUPA		16b. KIND OF BUS	SINESS/INDUSTR	Y
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)	etician	Sout	th Balto	o. General
E CO	17. FATHER'S NAME (First, Middle, Last)	William H	ayes		16. MOTHER'S NA	ME (First, Middle, Meiden Estelle Wat	Sumame) kins	
100	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et end Number or Rural	Route Number, City or Tow	n, State, Zip Code	)
2	Priscilla Pryer		2 Ens	sign Co	urt Es	sex, MD 21	1221	
	20e. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remova	I from State	20b. PLACE AND DATE	OF DISPOSITION	(Name of	DATE 20c. LO	CATION — City o	r Town, State
	4 Donation 5 Other (Specify)		Parki	rood Ce	metery 4-	-12-94 Bal	Lto., MI	)
	21. SIGNATURE OF FUNERAL SERVICE VICEN	Villia	ms	CALV		LIAMS FUN.S		Fredhilton
	23. PART t. Enter the diseeses, or com	nplications that ceu	sed the death. Do	not enter the	mode of dying, suc	h as cardiac or respi	ratory arrest.	Approximate
	shock, or heart failure. Lis				,		,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	O. I	la maria	1:	D	المراد المراجع الم		72
	resulting in death) a	DUE TO (OR A	AS A CONSEQUENCE OF	F):	1	JOPAL		
z		Mar	tive !	Aires	ny node	ales		3W
CERTIFICATION	it stry; towaring to minitodiate	DUE TO (OR A	S A CONSEQUENCE O	F):	1			
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	En	domet:	real	Carer	200-24		Zy
E	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):				
斯	d							
T. 1	PART II. Other significant conditions of	contributing to deet	h but not resulting	in the underly	ing cause given in			24b. WERE AUTOPSY FINDINGS
MEDICAL	Diase fes Mer	llifus				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ä	Metabolic	Acrolos.	-5			- 2		1 YES 2 NO
	Renal IV	sufficie	2924					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	IOSPITAL:	7		PLACE OF DEATH (Ch	eck only one)		
YSI		Inputient 2 - ER/0	Outpatient 3 DOA	OTHER: 4 Nursing N	ome 5 🗆 Reeldence	6 Other (Specify)		
표	27. MANNER OF DEATN  1 A Natural 5 Pending	28e. DATE OF INJUI (Month, Day, Yes			INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	)
BY	2 Accident Investigation				YES 2 NO			
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (	URY — At home, ferm, Specify)	street, fectory, o	Mice	28f. LOCATION (Street of City or Town, Stete)	and Number or Ru	ral Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: 0							se(s) and manner as stated.
	296. SIGNAPORE AND TITLE OF CERTIFIED	/			29c. LICENSE NUI			NED (Month, Day, Year)
TO BE	March	211	and the					
5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	DEATN (ITEM 27) (Type	, Print)	111 -1-0	// 8 -00 0/1	111-41	7-1
	Usuan Guar		MD. L	Carion 1	Memoria	Q Hosp	Balo	67,94 Source Ald.
	31. DATE FILED (Month, Day, Year) APR 1 1 1994	32 REGISTRADES S						
الماسيين		16/						

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DE	EATH DAY	3. TIME OF DEAT
	ANNA GLADYS	GRAHAM	PETERSON			APRI	L 08,1994	n/a
	4. SOCIAL SECURITY NUMBER 242-32-4974	5. SEX 1 □ M 2 💢 🏋	6. AGE (In yrs. lest birthday) 72 vrs.	MONTHS D	EAR IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 11-0	Year)	N. CAROLII
TOR	99. FACILITY NAME (If not institution, give  1311 N. KENWO RESIDENCE OF DECEDENT		JE		OWN OR LOCATION OF D ALTIMORE	EATH CITY	9e. COUNT	Y OF DEATH
DIRECTOR	10a. STATE 10b. COUN	n/a	10c. Cr	TY, TOWN OR I	LOCATION ALTIMORE			10d. INSIDE CITY VIMITS? 1 YES 2
FUNERAL	100. STREET AND NUMBER  1311 N. KENWO	OD AVENU	JE		101. ZIP CODE 21213			EN OF WHAT COUNTRY? ITED STATES
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	IT EVER IN U.S. ARMED  YES 2 XXX  WAR OR DATES	If y	S DECENDENT OF HISPA es, specify Cuben, Mexico YES 2 ANO Specif	en, Puerto Ricen,		4. RACE — American India Black, White, atc. Specify: BLACK
PLETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)		ith Do NOT	work done duri	JPATION ing most of working		of Business/INDU	STRY
E COMPL	17. FATHER'S NAME (First, Middle, Last) WILLIAM HEN	VRY GRAHA	AM		18. MOTHER'S NA HAT		Maiden Sumame) MES BUTI	LER
TO B	190. INFORMANT'S NAME (Type/Print)  CLEVELAND PI	ETERSON		G ADDRESS (S	treet and Number or Rural KENWOOD AV	Route Number, Cit ENUE, E	ly or Town, State, Zip C BALTIMORE	, MARYLAND #
	20e. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE cometery, cremetory or MD NATT	OF DISPOSITION ONAL M.	ON (Name of IEMORIAL PA	RK 4-12	20c. LOCATION — CI	ty or Town, State , MARYLAND
CERTIFICATION	23. PART I. Enter the diseases, or ahook, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO	(OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	PP: OP:	of Colo	n _		at, Approximinterval B Onset and 9 M
N: MEDICAL	PART II. Other aignificant condition	ona contributing to	death but not resulting	in the unde	rlying cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FI AWALABLE PRIOR COMPLETION OF CO OF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	] ento	OTHER:	26. PLACE OF DEATH (C			
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF (Month, D		ME OF 28	c. INJURY AT WORK?  1 YES 2 NO		city) E HOW INJURY OCCU	URED
TED	3 Suicide 6 Could not b	28e. PLACE O	OF INJURY — A1 home, farm, etc. (Specify)	street, factory	, office	261. LOCATION City or Tow	(Street and Number o	r Rurel Route Number,
COMPLE	cool		my knowledge, death occur xamination end/or investigat					
8	296. SIGNATURE AND TITLE OF CERTIFICATION COLLEGE	C430, N	C		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
ш	one) 2 MEDICAL EXAMI	NER: On the basic of e	xamination end/or investigat	on, in my opin	sion, death occured at the	MBER	place, and due to the	ceuse(e) end m

ransit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020-

ours after death. Page 6 may be retained by the hospital or after

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with thours after death. Page 6 may be retained by the Rospitation TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Item 14, g-710, 4-11-94, per f. h., dr

1 - FOR STATE REGISTRAR	STATE UF MAR		RIMENT OF I		MENTAL HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Middle, Leet) EVELYN		RUSH			APRIL O	5 9 ⁴ 4	3. TIME OF DEATH 7:24 A		
4. SOCIAL SECURITY NUMBER  n / a	5. SEX 8. A	GE (In yrs. last birthday) 56 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 0 7 - 31 - 37	e. BH	RTHPLACE (State or Foreign		
9a. FACILITY NAME (If not institution, give ST. AGNES HOSP				MORE CI		9c. COUNTY O	F DEATH		
	ARVI AND DIA BALTIMORE						10d. INSIDE CITY LIMITS? 1 7 YES 2 NO		
100. STREET AND NUMBER 2205 ELSINOR	E AVENUE		10	21216		WHAT COUNTRY? D STATES			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2/ NO If yes, specify Cubi				ENDENT OF HISPANIC ORIGIN? (Specify Yes or No—  14. RACE — American, Cuban, Maxican, Puerto Rican, etc.)  2 [7] NO Specify:  Black				
15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	usual occupati work done during m se retired.)	ON ost of working	16b, KIND OF BU	SINESS/INDUSTR	Y		
17. FATHER'S NAME (First, Middle, Lest) CALVERT RU	SH			18. MOTHER'S NA	AME (First, Middle, Maiden E HEDGEF	Surname) ATH			
19a. INFORMANT'S NAME (Type/Print) IOLA HEDGE	PATH	196. MAILING 220	5 ELS	NORE	Ave , BAL	TIMORE	, MD 21216		
20a. METHOO OF DISPOSITION      Surial 2   Cremation 3   Rer 4   Donation 5   Other (Specify)	moval from State	20b. PLACE AND DATE cemetary cremetory or	OF DISPOSITION (N	METERY	04-12 20c. LC	ANSDO	WNE, MD		
21. SIGNATURE OF FUNERAL SERVICE L	le		WM.		CH FH11		NORTH AVE		
23. PART I. Enter the disease, or ehock, or heert fellure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Pulmo	on each line.	hrombo	em 6		iratory srrest,	Approximats Interval Betwee Onset and Dea		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	AS A CONSEQUENCE O							
PART II. Other significant condition  Hypercholes  Chart	terolem ta	th but not reaulting	In the underlyin	g cause given in	Part I. 249. WAS AN PERFO	RMED?	246. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 PYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XX YES 2 \( \square \text{NO} \)	HOSPITAL:	Outpatient 3 DOA	OTHER:	LACE OF DEATH (C	heck only one)  8  Other (Specify)				
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		var) IN	M 1	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED			
3 Suicide 8 Could not be determined	28e. PLACE OF IN. building, etc.	IURY — At home, ferm, (Specify)	street, factory, offic		28f. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,		
	SICIAN: To the best of my i								
ATT MEDICAL EXAMIN	IER: On the beals of examin	sation and/or investigati	on, in my opinion,	death occured at the	e time, data and placa, a	nd due to the caus	se(s) and manner as stated.		

						JOATE		DEATH	ned. N	0.		
		1. DECEDENCES NAME (First, Middle, Last)			DI	WI	10	125	2. DATE OF DEATH	DAY O	YEAR 3	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. las	at hirthday)	IF UNDER	1 VEAD	IF UNDER 24 HRS.	7. DATE OF BIRTN	//7	* 01077110	LACE (State or Foreign
		213-07-8043	1 🕅 M 2 🗆 F	86	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year)		Country)	
3 should		9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY.	TOWN	OR LOCATION OF D	11-25-		M C	
, 2, 3 sh	СТОВ	HESIDENCE OF DECEDENT	HUSPI	AL		BA	[	ITMUR	E	30.000	TIT OF DEA	
Pages 1	E I	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCA	TION			1	10d. thStDE CITY
-E	DIRE	Bal	timore			Du	n d a	lk			,	LIMITS?
permit.	ERAL	10e. STREET AND NUMBER					10	f. ZIP CODE		10g. CITt	ZEN OF WH	IAT COUNTRY?
sit	띮	2912 Dunmurry	Rd					2122	2	US	A	
020 physician. burial-transit	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES						NIC ORIGIN? (Specify ) an, Puarto Rican, etc.)	es or No-	14. RACE -	- American Indian, White, atc.
Z15-0020 attending physician. se as the burial-tran	ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR					S 2 X NO Specif				White
	즲	15. DECEDENT'S EDUC (Specify only highest grade		(G	ive kind of a	USUAL OC	CUPATIO	ON ost of working	16b. KIND OF B	USINESS/IND	USTRY	
ital or 1 for u	Ē	Elementery/Secondary (0-t2)	College (1-4 or 5+)	life.	Do NOT us	se retired.)						
the hospital detached to	COMPL	1 2 17. FATHER'S NAME (First, Middle, Last)		St	eel-	-wor	ker			=Stee	1	
_ 0 -		Michael Reyno	14e					1	AME (First, Middle, Maide			
	BE	19a. INFORMANT'S NAME (Type/Print)	145	T 401	- MAII MIO	***************************************	(0)		Holtzma			
2 - 0 = 1	6	George Toda						ng Wood	Route Number, City or R	wn, State, Zip alt,		21234
BALLIMORE, fours after death. Page 6 may be d in by the funeral director, page or removal. medical examiner must be		20a, METNOD OF DISPOSITION  1 X Buriet 2 Cremation 3 Remo 4 Donatton 5 Other (Specify)	oval from State C6	metery, cre	matory or o	of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Dis		ery		ocation —		
ALITA death. Pag funeral di examiner		21. SIGNATURE OF FUNERAL SERVICE LIC				22. N	NAME A	ND ADDRESS OF FA	CILITY			
EALITE ter death. Property wal.  see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see		· Colt G	melly	-					Funeral Reserved			ungark
ours after d in by the or removal		23. PART I. Enter the diseases, or c shock, Dr heart failure.	omplications that sause ist Dniy Dne cause Dn	ed tha de	ath. Do r	not antar	tha mo	ode of dying, suc	ch as cardiac or res	piratory arr	est,	Approximate interval Between
章 5 章		IMMEDIATE CAUSE (Final disease or condition	00			4						Onset and Death
completely file ial, cremation.		resulting in death)	DUE TO (OR AS	10	PUL	-10	21	ANY	ARR	1251	<u> </u>	MINUTES
2 5 5 E			DUE 10 (OH AS	A CONSEC	OUENCE O	F):						
and and bur	CATION	Sequentially list conditiona,	DUE TO (OR AS	A CONSEC	DUENCE O	F):						
ficate be physician ne prior 1	AT	if any, leading to immediate cause. Enter UNDERLYING										İ
	Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEC	DUENCE OF	F):						
	CERTIFI	reaulting in death) LAST	ı.									
او فو م	- 1	PART II. Other aignificant condition	contributing to death	hut not a		l= 4h	4 - 1 - 1 -		5			
and the V	MEDICAL		4 ELBC					g cauaa given in	PERF	N AUTOPSY DRMED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
uires that signed by Health an	ă				200	7/	12	~~~	1 YES	2 NO		COMPLETION OF CAUSE OF DEATN?
w requir	Ξ	IMBALA	NCE	R	12 11	46		PALLU	2/2		1	YES 2 NO
23 tax	ICIAN:	25. WAS CASE REFERRED TO MEDICAL	C AR	12	7 6	M	17	5.				
- F at a -	SICI	EXAMINER?	HOSPITAL:			OTHER	:	LACE OF DEATH (C)				
Sicial Certification the	HYS	27. MANNER OF DEATH	1 Inpatient 2 ☐ ER/Ou		28b. TIM			JURY AT	6 Other (Specify)  28d. DESCRIBE HOW	MINIMA OCC	CURED	
NG PHYS frer this cath with	<u>P</u>	1/Natural 5 Pending	(Month, Day, Year)		INJ	IURY M	WC	YES 2 NO	200. DESCRIBE NOV	INJUNI OCC	ONED	
OING After death	00	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	Y — At ho	me, ferm, s	straet, tecto			28f. LOCATION (Stree	t end Number	or Rural Ros	ute Number
ATENDING PHYSICIAN: HECTOR: After this certifical after death with the St	ETED	4 Nomicide a Could not be detarmined	building, etc. (Sp.	ecify)					City or Town, Sta	e)		
	COMPL		CIAN: To the beat of my knors: On the beals of examinati									and manner as stated
7411	- 11	29b. SIGNATURE AND TITLE OF CERTIFIER						29c.LICENSE NU		_		
TER	B	AR	Norser	m	n	20	)	4)17	790	≥ 47	I / C	Month, Day, Year)
15 元 34 秦	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATN (ITE	M 27) (Type	Print)		W/	1 2	1 ,	/ /	
0		Ataollah Na	zemi, M.D.	C	hurc		sp	ital 1	00 N. Br	oadw	ау	
-4		31. DATE FILED (Month, Day, Year)  ADD 1 1 1001	32. DEGISTRAPIS SIG	LOCAL	delle							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician. The law that attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  **Red. or item 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.
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							24		040:	7
	1 - STATE REGISTRAR	STATE OF MARYLAND /		NT OF HEALTH AND TE OF DEATH	MENTA		E			
	DECEDENT'S NAME (First, Middle, Last)	O.	-NIII IOA	TE OF DEATH	2 DATE	REG. NO.			TIME OF DEATI	
		* + 1 0			MONTH	d DA		EAR		7
	Margaret S. Robe				Apri		1994	_	12:45	РМ
			MONTH	DER TYEAR IF UNDER 24 HRS B DAYS HOURS MIN.	(Month	OF BIRTH , Day, Year)		Country)	CE (State or For	reign
	113 20 3201	□ M 2   XF   73	YRS.		Oct.	15,1	920	Mari	yland	
	9e. FACILITY NAME (If not institution, give street	and number)	9b. C	ITY, TOWN OR LOCATION OF	DEATH		9c. COUNT	OF DEATI	4	
8	27 Cue Court A	pt. 2C		Owings Mill	5		Bal	timo	re.	
DIRECTOR	RESIDENCE OF DECEDENT									
2	10a. STATE 10b. COUNTY		10c, CITY, TOW	N OR LOCATION				100	I. INSIDE CITY	
	Maryland Balt	imore	Ow	ings Mills				1 [	YES 2 X	NO
FUNERAL	10e. STREET AND NUMBER			10f, ZIP CODE			t0g. CITIZE	N OF WHAT	COUNTRY?	
8	27 Cue Court	Apt. 2C		2111	7			USA		
I		. WAS DECEDENT EVER IN U.S. AR	MED	3. WAS DECENDENT OF HISE	ANIC OBIGIN	2 (Specify Ven	or No. 14		American India	
	1 Never Married 2 Married	FORCES? 1 YES 2 X	10	If yes, specify Cuban, Mex	ican, Puarto F		DI NO.	Black, WI	hite, atc.	et,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 NO Spe	cify:			Specify:	: + 0	
0	15. DECEDENT'S EDUCATI	ION 180 DE	CEDENT'S USUAL	OCCUPATION	401	KIND OF BUS	1		ite	
	(Specify only highest grade con	npleted) (G	ive kind of work do	ne during most of working	100.	KIND OF BUS	HNESS/INDUS	IHY		
12	Elamentary/Secondary (0-12)	College (1-4 or 5+)				D., L. 0	i - 0 - 1-	a. a. P. s		
Σ E		4 3	chool To				ic Sch	00KS		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S			,			
BE	William C. Stone	sifer		Flori	ence E	. Marl	rey			
TO E	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDR	ESS (Street and Number or Run	al Route Numb	er, City or Town	n, State, Zip Co	ode)		
	Ms. Miriam A. Plitt	=_ [/	3612 Lo	ckearn Drive	Bal	timano	Md	2120	7	
	20e. METHOD OF DISPOSITION	20b. PLACE		OSITION (Name of	DATI		CATION - CR			
	1 M Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State cemetery, cre	natory or other place Lawn Cer	(e)		94 Ba				
	21. SIGNATURE OF FUNERAL SERVICE LICENS			NECUTU 12. NAME AND ADDRESS OF	7/12/	77 500	Cumor	.e. M	l	
	1 - B -	0/.		2. NAME AND ADDRESS OF	11	824 R	eister	stow	1 Road	
3	Jams 10 X	None	17	Eline Funera						136
	23. PART i. Enter the disesses, or com	pilications that caused the de							Approxima	
	shock, or heart failure. List	t only one cause on each line	),	, and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of		ac Di Tospi	istory sires	•,	interval Be	twesn
	IMMEDIATE CAUSE (Final disesse or condition	0.00		. / .					Onset and	Dsath
	reaulting in desth)	BREAST DUE TO (OR AS A CONSE	CAN	Cler					6 m	0
		DUE TO (OR AS A CONSE	DUENCE OF):							
Z	b.									
CERTIFICATION	Sequentially list conditions, if sny, lesding to immediate	DUE TO (OR AS A CONSE	DUENCE OF):							
8	cause. Enter UNDERLYING									
Œ.	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSE	DUENCE OF):							
E	resulting In death) LAST							[		
5 5										
	PART II. Other significant conditions c	ontributing to death but not r	esulting In the	underlying cause given	In Part i.	24a. WAS AN			RE AUTOPSY FIN	
MEDICAL	BONE mt	TAITAIGU				PERFOR	MEDY	CO	ILABLE PRIOR 1 MPLETION OF C	
						t   YES 2	1		DEATH?	
Σ								1 [	YES 2 N	Ю
PHYSICIAN:										
ਹਿੰ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	071	26. PLACE OF DEATH	Check only on	0)				
S		☐ Inpetient 2 ☐ ER/Outpetient 3	DOA 4 D		e 8 🗆 Other	(Specify)				
<u> </u>	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c, INJURY AT	28d. DES	CRIBE HOW II	NJURY OCCUP	RED		
	1 Natural 5 Pending	(Month, Day, Year)	M	WORK?						
B	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF INJURY — At ho	me, farm, atreet, f	actory office	285 LOC	ATION (Street a	and Number or	Burni Boute	Mumber	
G	4 Homicide B Could not be	building, atc. (Specify)	,		City	or Town, State)	ing Humber of	TOTAL TROOPS	reamber,	
	20. 00000000									
COMPLET	290. CERTIFIER CERTIFYING PHYSICIAI	N: To the best of my knowledge, de	ath occurred at th	e time, data and place, end d	ue to the cau	ee(a) and man	mer as stated.			
o o	one) 2 MEDICAL EXAMINER: 0	On the beele of examination end/or	investigation, in m	y opinion, death occured at t	he time, date	end place, en	d due to the o	euse(s) and	d menner ee st	ated.
- 1	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	UMBER		20d DATE 0	IGNED /44-	nth, Day, Year)	
8	1 2 1	Ma		A 3 c			LEG. DATE S	MO (MO	TI, Day, rear)	
<u> </u> 0	TO X	0/1			1001	0	- 4		19 Y	

21 Crossroads Dr.

Owings Mills, Md.

21117



Samuel Zygler, M.
31. DATE FILED (Month, Day, Your)

APR 1 1 1994

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NDING PHYSICIAN: The law requires that the death certificate be executed within Za rouns after death. Page 6 may be retained by the hospital or attending physician.	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ING PHYSICIAN: T	After this certificate	leath with the Stat	marked, or ite
THE HOSPITAL OR ATTENDING PHYSI	THE FUNERAL DIRECTOR: After this	filed within 72 hours after death with the	If Item 28 is
THE HOSPI	THE FUNER	filed within	<b>IPORTANT</b> :

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		IYGIENE REG. NO.	
	Agnes In Rybinski	2. DATE OF	6	YEAR 4 07 MM
1	4. SOMAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	(Month, D	21-1906	Country D .
TOR	98. FACILITY NAME (If not institution, give street and number)  DULANEY TOWSON No.H. TOWSON  RESIDENCE OF DECEDENT	DEATH	-	Y OF DEATH
. DIRECTOR	10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  BALTO CITY			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	101. ZIP CODE 101. ZIP CODE 21:	224	L	N OF WHAT COUNTRY?
≱	11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT EVER IN U.S., ABMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mes If yes, specify Cuben, Mes If yes, specify Cuben, Mes If Yes, GIVE WAR OR DATES	cican, Puerto Rica		4. RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KH	ND OF BUSINESS/INDUS	STRY
BE COM	17. FATHER'S NAME (First, Middle, Last) ANTHONY DODKOWSKI  18. MOTHER'S MAL	NAME (First, Midd	GUSTIN	riak
P P	190. INFORMANT'S NAME (TyperFrint)  TRENE STEIN METZ  190. MAILING ADDRESS (Street and Number or Ru	302	City or Town, State, Zip C	ND. 21093
	20e_METHOD OF DISPOSITION 1   Burlet 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)	4-8-94	20c. LOCATION CH	ty or Town, State  - Co - MD -
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  AND ADDRESS OF  SKALDA T-	FACILITY 28	29 HUDS	0N 5T 21724
	23. PART I. Enter the diseases or complications that ceused the death. Do not enter the mode of dying, a shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  But 10 (OR AS A CONSEQUENCE OF)	uch aa cardlad	or reapiratory arres	Approximata Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST			
- 11	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given	In Part I. 24	n. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHTSICIAN: MEDICAL		1	YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO
SICIAN	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Onursing Home 5 Residence			
ВУ РНУ	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Dey, Year)  29b. TIME OF WORK? WORK?  1 Natural 5 Pending Investigation Investigation		BE HOW INJURY OCCU	REO
ETED B	2   Acctorn 3   Suicide   S   Could not be determined   26e. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify)	281. LOCATIO	ON (Street end Number or own, State)	Rural Route Number,
COMPLE	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the pro			
D BE	29c. DICENSE N  29c. DICENSE N  30. MANTE AND AGORESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. grind)	1938	3 P4 DATE 6	2/94
	31. DATE FILED (MONTH) Day Mad Los DEFINISTRADES SIGNATURE	Vait	e Fre	Med Holl
	APR 1 1 1994 Julia Davidson-Randale	,		DHMH-18 Rev 1/89

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RATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sm 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYS	THE FUNERAL DIRECTOR: After this	sfiled within 72 hours after death with	PORTANT: If item 28 is marked
			7

1994

								94	1	0491	
	TTEMS: 27. 28a-f, PER MEC FOR 1 - STATE REGISTRAR	) FILM G-710 4/ STATE OF MARYLA	20/94 tt. ND / DEPART CERTIFI	MENT CATE	OF HEALTH AND OF DEATH	MENTAL	. HYGIENI	E			
	1. DECEOENT'S NAME (First, Middle, Last)						OF OEATH			. TIME OF OEATN	
	BETTY CAROL	ROBINSON				MONTH			YEAR 994	5: 36 A M	
	A TOTAL THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS O		yrs. lest birthday)	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE	OF BIRTN , Day, Year)		8. BIRTNPI Country)	ACE (State or Foreign	
	213 00 0000	□ M 2 🔽 F 36	YRS.	MONTHS.	DAYS HOURS MIN.	APr		. 19		Balto. Mo	
~	9e. FACILITY NAME (If not institution, give street and DVT AND CONTENTS)			9b. CITY,	TOWN OR LOCATION OF			9c. COU	NTY OF DEA	тн	
ō	RESIDENCE OF DECEDENT	MARYLAND GENERAL HOSPITAL BALTIMORE CIT							BALT	IMORE	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	TOWN OF	LOCATION				1	Od. INSIDE CITY	
ä	MD. BALTI	IMORE	DU	NDAI	LK				1,	LIMITS?	
FUNERAL	10e. STREET ANO NUMBER				10f. ZIP COOE			10g. CITI	ZEN OF WH	AT COUNTRY?	
ER	7804 CHARLESM	ONT ROAD			21222			11.5	ς _λ		
5	11. MARITAL STATUS 12,	WAS DECEDENT EVER IN U	I.S. ARMEO		AS DECENOENT OF NISP.					- American Indian, White, etc.	
ВУ	1 Never Married 2 Merried 3 Widowed Widowed	FORCES? 1 YES	XXX	1	YES 2 NO Spec		ircuri, etc.)	ĺ	WHI		
	15. DECEOENT'S EDUCATION	ON I	6e. OECEOENT'S L	I CO	CURATION	405	VINO OF BUO	1		E	
ETE	(Specify only highest grade comp	pleted) ollege (1-4 or 5 +)	(Give kind of wi	ork done di	iring most of working	160.	KINO OF BUS	INESS/INL	JUSTRY		
IPLI	10th	Niege (1-4 or 5 +)	SALE	S			OFFIC	ב כו	IDDIX	7	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		UZILIU		16. MOTHER'S N				IPPL		
ш	Lewis Green Rob	inson			Betty	J. 5	Simmo	ns			
TO B	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Tow							, Stete, Zip	Code)		
-	7804 Charlesmont Rd., Baltimore, Md								ld. 21222		
	20e. METNOO OF OISPOSITION  1										
	4 Donetton 5 Other (Specify) GreenMount Crematory 4-11-94 Balto								to.	Md.	
	Robert Lewis Bradley-Ashton Funer							ra 1	Home	21222	
	Soliest Keller	# моо9		121	34 Willor	v SPr	ing l	₹d.,	Balt	o.,Md.	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest,  Approximately a series of the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest,										
	IMMEDIATE CAUSE (Final disease or condition CARDIOPULMONARY ARREST									Interval Between Onset and Death	
	resulting in death)  a  DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequantially list conditions,	SEVERE (	CLOSE HE	AD I	NJURY						
AT	if sny, leading to immediate csuse. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF	:							
RTIFICATION	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A C	ONSEQUENCE OF								
E	resulting in death) LAST									İ	
CE	0										
PHYSICIAN: MEDICAL	PART II. Other significant conditions co	ontributing to death but	not reaulting in	tha und	lariying cause given i	n Part I.	24a, WAS AN . PERFOR		/	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
ă							1 TYES 2	<b>∑</b> но		OMPLETION OF CAUSE OF CEATH?	
×									1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL										
2	EXAMINER?	DSPITAL:		OTHER:							
H H	27. MANNER OF DEATN	25e. DATE OF INJURY	26b. TIME	-	ng Home 5 - Reeldence	_	(Specify)	IIIIDV OC	CURED		
	3 (V) Accident Investigation	(Month, Day, Year) JAN. 29, 1994	INJU		WORK?		rrian si				
ЭВУ	2 XXAccident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	At home, farm, at			28t. LOCA	ATION (Street a	nd Number	or Burni Boo	ite Number,	
E	4 Homtcide determined	building, stc. (Specify, ROAD	)			RD.	BALTO.	HOLLY CO. Mi	NECK :	& CEDAR CREEK	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	: To the best of my knowled	ige, death occurred	d at the tim	ne, date end place, end de						
O		n the besis of exemination e								and menner se stated.	
ш	29b, SIGNATURE AND TITLE OF CERTIFIER	1161	1		29c. LICENSE N	UMBER	,	29d. DAT	E SIGNED /A	Aonth, Day. Year)	
0	( )	18Uh, 1	WI	)	ma	4 1	ic	<b>&gt;</b> 6	1/5	194	
2	30, NAME AND ADDRESS OF PERIODS AND POR	MOLETER OLUDE OF DEAT	HUTCH STOCKE	Onint)		6 /		- 27	1	6 a akada i a	

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MARYLAND

GENERAL

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMENT CERTIFICATI		MENTAL HYGIE	_	
	1. DECEDENT'S NAME (First, Middle, Last				2. DATE OF DEATH	DAY YE	
	Collien 4. SOCIAL SECURITY NUMBER		obinson	1 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	1994	
	201-03-8219  9a. FACILITY NAME (If not institution, give	1 M 2 D F 88	YRS. MONTHS	DAYS HOURS MIN.	12-10-	1905 8. B	OF DEATH
OR	10387 Lancelo	The second second		olumbia	EATH	Se. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUN	TY	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
DIR	Pa	Phila.	Phila				1 YES 2 X ND
RAL	10e. STREET AND NUMBER	1 61		10f. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	849 North 63	rd Street  12. WAS DECEDENT EVER IN U.S	ARMED 13	19151 WAS DECENDENT OF HISPA	NIC OBIGIN? (Specify V		S A  RACE — American Indian.
ВУ	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FDRCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuban, Maxico 1 YES 2 ND Specif	en, Puerto Ricen, etc.)	5.00	Black, White, etc.  Specify: Black
TED	15. DECEDENT'S ED (Specify only highest grad	de completed)	. DECEDENT'S USUAL O	CCUPATION during most of working	16b. KIND OF B	JSINESS/INDUSTI	
COMPLET	Elementary/Secondary (0-12) 9 t h	College (1-4 or 5 +)	Welder		in the	Civi.	l - Service
MO	17. FATHER'S NAME (First, Middle, Last)		WCTGCT	18. MOTHER'S NA	AME (First, Middle, Maide		Jei vice
BE C	Charles Robi	nson			y Waddy		
TO BE	19a. INFORMANT'S NAME (Type/Print)  James Robin	son	19b. MAILING ADDRES	s 63 or Rural  stree	Route Number, City or To		
	209. METHOD OF DISPOSITION 1)() Burlal 2 Cremetion 3 Re		CEAND DATE OF DISPOS			OCATION — City	
	1 (C) Buriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from State		1 Cemetery	y 41694 P	nila,	Pa
	21. SIGNATURE OF FUNERAL SERVICE L	ICE SEE	22.	March F/H			
	Mone	H. Shorp	son Je	4300 Waba	ash Aven		
	23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)	a. Res picas and as a contract to the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract	NSEQUENCE OF:	quest	4-8-	,	Approximata interval Batwean Onset and Death
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RTIFI	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST	DUE TO (DR AS A COR	NSEDUENCE OF):				
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Ä	25. WAS CASE REFERRED/TO MEDICAL			28. PLACE DF DEATH JET	24		
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РНУ	27. MANNER OF DEATH	26s. DATE DF INJURY (Month, Day, Year)	28b. TIME DF	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	ED
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COMPLET		SICIAN: To the best of my knowledge NER: On the beals of examination and					use(s) and manner as stated.
BE CO	29b. SIGNATURE AND TITLE OF CENTIFI	ER		29c. LICENSE NU		29d. DATE SK	GNED (Month, Day, Year)
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONT 0020 AM ( AROL ABINOWIT 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH IF UNDER 24 HRS. 214-16-8805 1 M 2 X F VRS 7/4/1917 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not Institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE SINAI HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 X NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? APT C 21208 USA 4408 OLD COURT RD filled in by the funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maylcan, Puerto Rican, etc.) 1 - YES 2 10 NO Specify: BY 3 Widowed 4 Divorced WHITE 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Sp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) YAFFE TILLIE HYMAN ROSEN # B notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 ABRAHAM RABINOWITZ APT C 4408 OLD COURT RD BALTO MD 21208 Page 6 may be Pe 20 METHOD OF DISPOSITION
1 Method 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 Donation 8 Other (Specify) (CHIZUK AMUNO) 4/8/94BALTIMORE , MD ARLINGTON examiner 21. SIGNATURE OPFUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. after death. 21215 6010 REISTERTOWN RD. BALTO., MD medicai 23. PART V/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween ö Onset and Death IMMEDIATE CAUSE (Final the disease or condition 0515 WEEK npletely event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial traumatic CERTIFICATION and Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): 0 if any, leading to immediate ULCER-PERFORATION )UODENAL cause Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atter PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL and and AMAIL ARLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? Signed 1 YES 2 NO 1 YES 2 NO been 1. of h PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem State certificate MOSPITAL:

1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO Ing Home 5 ☐ Rasidence 6 ☐ Other (Specify) 0 the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this with marked, 1 Netural 5 Pending Investigation 1 YES 2 NO BY After death 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office hullding, ste. (Snecify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) -6 Could not be COMPLETED DIRECTOR: after 4 Homicide 28 Pours ? 29a. CERTIFIER 1 XCERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) FUNERAL Within 72 h = TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: 11 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIEM 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 0-9 30. NAME AND ADDRESS OF PERSON WHO CO PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Itna POITRAS JM

31. DATE FILED (Month. IDm "ac)

1994

Januar Randall HEGISTHAR'S SIGNATURE

DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSI	THE FUNERAL DIRECTOR: After this come filed within 72 hours after death with	IMPORTANT: If Item 28 is marked,
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31. DATE FILED / Mouth Tool Young

SON WHO COMPLETED CAUSE OF HO

	1. DECEDENT'S NAME (First, Middle, Last)  Jeanette	NRush	CENTIL	TOATE	OF DEATH	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH	
	4. SOCIAL SECURITY HUMBER 215-22-9223		GE (In yrs. last birthday)		EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 8 19	0	BIRTHPLACE (State or For Country)  Maryla:	
стов	9a. FACILITY HAME (If not Institution, give to Mercy Medical RESIDENCE OF DECEDENT				own on Location of D ltimore		9c. COUNTY		
DIRE	10a. STATE 10b. COUNT	ford		TY, TOWN OR Edgew				10d. INSIDE CITY LIMITS?  1 YES 2	
IERAL	100. STREET AND NUMBER Pin Oak Road							citizen of what country?	
BY FUNE	11. MARITAL STATUS  1 Hever Married 2 Married  3 Widowed 4 Divorced	ER IN U.S. ARMED ES 2 NO R DATES							
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  OUSE Wife Do NOT Use retired.)				White	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest)  James	Na	dolny		18. MOTHER'S HA	AME (First, Middle, Malder	Surname)	rowski	
7	19a. IHFORMANT'S NAME (Type/Print)  Claudia Wehrma 20a. METHOD OF DISPOSITION			oe Rd		dalk Md.	2122		
	Burlel 2 Cremetion 3 Rem	noval from Stata	osmeleni, eresenin or	11'ST'a1	US ME AND ADDRESS OF FA	4/12 Bal	timor	e,Marylar	
	23. PART I. Enter the diseases, or	complications that cau	sed the death. Do	10	Dabrowski 05 Dundal e mode of dying, suc	k Ave B	alto	_Md 212	
	shock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Cerebr	a Vas	DED-				Interval Be Onset and	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Severe DUE TO (OR A WITL	intrn AS A CONSEQUENCE	c   Ca	notid av	tery st	ruos	is	
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE		15 sup	win-po	sed	•	
2	PART II. Other significant condition Hyperten		h but not resulting	in the unde	rlying cause given in	Part I. 24a. WAS AI PERFO	AMED?	24b. WERE AUTOPSY FII AMAILABLE PRIOR : COMPLETION OF C OF DEATH? 1 YES 2 N	
MEDICAL		25. WAS CASE REFERRED TO MEDICAL EXAMINER? NOSPITAL: OTHER:							
SICIAN: ME		NOSPITAL:	Outpetient 3 DOA						
IYSICIAN: ME	EXAMINER?	NOSPITAL: 1) Inpatient 2 □ ER/C 28e. DATE OF INJU (Month, Day, Ver	RY 28b. TI	4 Hursin	28. PLACE OF DEATH (City of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of th		INJURY OCCUP	RED	
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BALTIMORE, MARYLAND 21215-0020	iours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lifed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wir	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the let filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

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4. SOCIAL SECURITY NUMBER 217-58-8942	5. SEX	6. AGE (In yrs. lest t		F UNDER 1 Y	EAR IF UNDE AYS HOURS	R 24 HRS.	7. DATE ( (Month,	Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, g	- 25	42		Db. CITY, TO	OWN OR LOCAT	ION OF D		21, 1	-	TY OF DEA	77A TN
514 N. GLOVER	514 N.GLOVER STREET BALTIMORE CITY										
RESIDENCE OF DECEDENT	ESIDENCE OF DECEDENT							A MOIDE OFF			
	202							LIMITS?			
10e. STREET AND NUMBER	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									A	
II I TILL LICYCLE COIL 1.	venue		21224							USA	1
11. MARITAL STATUS 11. Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 ☐ Married FORCES? 1 ☐ YES 2				2 NO If yes, specify Cuban, Mexican, Puerto Rican, atc.)					Yes or No— 14. RACE — American Indian, Black, Whita, atc. Specify:	
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	(Give	EDENT'S US	rk done duri	JPATION ng most of work	ina	16b.	KIND OF BU	SINESS/IND		ite
Elementary/Secondary (0-12) 11 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +	Ma D	Sale	retired.)				Dai	nt St	oro	
11 Sales Paint Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
Leonard Roberts								elton			
190. INFORMANT'S NAME (Type/Print) Marjorie Robert	S				treet and Number					Code)	
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2 Accident 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)							261. LOCA City o	TION (Street or Town, State)	and Number	or Rural Rou	te Number,
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29a. CERTIFIER (Check only one) 1 CERTIFYING PI (Check only one) 2 M MEDICAL EXAIT 29b. SIGNATURE AND TITLE OF CERTIFYING PI (Check only one) 1 CERTIFYING PI	MINER: On the back of a	ramination and/or im	vestigation,	in my opin	lon, death occ		time, date		29d. DATE	e cause(a) e	nd menner as state fonth, Day, War)  7 , 199
29a. CERTIFIER     Check only one) 2   MEDICAL EXAM	WINER: On the back of a:  IFIER  WHO COMPLETED CAUS  M. K. C.	eamination and/or im	27) (Type, P	In my opin	29c. Life	C . M	MBER	end place, ar	29d. DATE	E SIGNED (A	fonth, Day, Year)

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		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIE!		
<b>*</b> .	Î	1. DECEDENT'S NAME (First, Middle, Last)	) Sieglant	4			2. DATE OF DEATH MONTH		3. TIME OF DEATH
	A R	4. SOCIAL SECURITY NUMBER	5. SEX	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country) Any Any
3 should	œ	9a. FACILITY NAME (If not institution, give s	Extended	a Cin	96. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	OF DEATH
1, 2,	010	RESIDENCE OF DECEMENT			100				
nit. Pages	DIRE	MARYAND 106. COUNT	Y	Hoc. CIT	BAY /8	MORR			10d. INSIDE CITY LIMITS?  1 ✓ YES 2 □ NO
n. Insit permit.	ERAL	3 S 20 E.	Fayette 5	₹.	10	2122	X	10g. CITIZEN	of what country?
ling physician. the burial-transit	BY FUNER	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12/WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 AND	if yes, sp		IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	ne or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
the hospital or attending physician, detached for use as the bunal-trar once.	PLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)			USUAL OCCUPATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER		111111111111111111111111111111111111111	USINESS/INDUST	Rochuch
by the hospit be detached at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last)	5	ieg 5	nnth	16. MOTHER'S NA	ME (First, Middle, Maide	n Sumama)	stand
5 should	TO B	190. INFORMANT'S NAME (Typo/Print)	MANNION	19b. MAILING	ADDRESS (Street	and Number or Rural I	Poute Number, City or To	wn, Stata, Zip Coo	Bulto HD
age 6 may be director, page er must be		20s, METHOD OF DISPOSITION 1	206.	PLACE OF DISPO	SITION (Name of co	eem er	61	OCATION — City	or Town, State
Reus after death. Page 6 may be retained by d in by the funeral director, page 5 should be or removal.  medical examiner must be notified at		21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE	· med	JOSET	np address of fa	annino J	r. Fun	eral Home
in by the 1 removal.	Н	23. PART I. Enter the diseases, or	countications that caused	the death Do	not enter the mo	o CONK	Ling St.	Balto	. Md.21224 Approximate
S = 0 = 0		immediate cause (Final disease or condition resulting in death)	List only one cause on ea	ch line.	CANCE	a of			Interval Between Onset and Death
8 5 - 5	z		DUE TO (OR AS A	CONSEQUENCE O	F):	and / 049	try		
be Sian or to	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE O	F):		('		
certing sding Hygie	CERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
the death y the atter d Mental		PART ii. Other significant conditio	ns contributing to death bu	rt not resulting	in the underlyin	g cause given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
* 3 6 st	MEDICAL	Dedy protic	oml OBST					PRMED? 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
been of the									1 123 2 1 10
SICIAN: The law requires the certificate has been signed in the State Dept. of Health if, or Item 23 shows an	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 740	HOSPITAL:	atlent 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch	6 Other (Specify)		
NG PHYSICIA fer this certif sath with the marked, or	РНУ	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TII	AE OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
OH ATTENDING FOR THE THE After Hours after death them 28 is man	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, offic	ce	261. LOCATION (Stree City or Town, Stat		Rural Route Number,
異当に言	COMPLE	CONDUCTORINY	SICIAN: To the best of my knowle ER: On the basis of examination						ause(s) and manner as stated.
The HOSPI TO RE FUNED A filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	(A			SPC. LICENSE NU	MBER 276	29d. DATE S	GNED (Month, Day, Year) 4-11-94
3)	D D	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Typ	a, Print)				
5		31. DATE FILED (Month, Day, Year) APR 1 1 1994	Julia Davidso	n-Aundan		-			

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DIVISION OF VITAL RECORDS, F	-
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OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First, Migdie, Last MARIE W. SEYF)	FERTH				2. DATE OF DEATH MONTH April 8.	1994 YEAR	3. TIME OF DEATH 3:05 A		
	4. SOCIAL SECURITY NUMBER 218-14-0825	1 DM 2 🔀 F 86	yrs. leet birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-20-08	e. Birn Cou Ma	THPLACE (State or Foreign intry) ryland		
TOR	96. FACILITY NAME (If not institution, give street and number)  Greenery Nursing Center  Baltimore City									
DIRECTOR	Maryland -	TY		y, town or Loca Lltimore	TION					
FUNERAL	827 S. Curley St.		10	21224	for	U.S.A.				
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT		1 T VES 2 XI NO South						
E COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)			ent's usual occupation and of working working working work done during most of working working working.						
	17. FATHER'S NAME (First, Middle, Last) John Belzner	201001	way		ME (First, Middle, Meider Elizabet)					
TO B(	190. INFORMANT'S NAME (Type/Print) Mrs. Louise Pet:	ryszak				Route Number, City or Too Baltimo:		21236		
	23. PART I. Enter the diseases, or	I let only one onuce on one	the deeth. Do	3021	Eastern ods of dying, suc	h as cardiac or resp	oiratory arrest,	Approximate interval Batt Onset and E		
	resulting in death)	DUESTO (OR AS A C	CONSEQUENCE O	Pi: O and	De 1	C. Jan		Onset and E		
SERTIFICATION		b. DUE TO (OR AS A C	CONSEQUENCE O	n: Cera n:	RC R: X	2 xox	ul	Onest and D		
: MEDICAL CE	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions and the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of the conditions are series of	d.	CONSEQUENCE O	F):			N AUTOPSY 2 RMED?	4b. WERE AUTOPSY FIND AMALABLE PRIOR TO		
SICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	t not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AI PERFO	N AUTOPSY 2 RMED?	4b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are search in the significant conditions are search in the significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Netural 6 Pending	d.  d.  HOSPITAL: 1   Inpetient 2   ER/Outpet 28a. DATE OF INJURY (Month, Day, Year)	t not resulting	26. P  OTHER: 4 Derfining Hon BE OF 28c. IN. WK	g cause given in	Part I. 24a. WAS AI PERFO 1 TYPES Peck only one)	N AUTOPSY 2 PMED? 2	4b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
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ETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are conditions and conditions are conditions and conditions are conditions are conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Natural 6 Pending Investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the conditio	DUE TO (OR AS A C	t not resulting thent 3 DOA 28b, Tile IN Al home, farm,	In the underlyin  26. P  OTHER: 4   blefsing Hon  IE OF 28c. IN. W  M 1   underlying  street, factory, office	g cause given in	Part I. 24a. WAS AI PERFO 1 DYES 1 Describe How 28d. Describe How 28d. LOCATION (Street City or Town, State to the cause(e) and ma	INJURY OCCURED and Number or Rurally	4b. WERE AUTOPSY FINDA AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are conditions and conditions are conditions and conditions are conditions are conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Natural 6 Pending Investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the condition in the conditio	DUE TO (OR AS A Code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the code of the co	t not resulting  thent 3 DOA  28b. Till IN.  All home, farm, I)  dge, death occurr  and/or investigetik	26. P	g cause given in	Part I. 24a. WAS AI PERFO 1 DYES  ack only one)  6 Dither (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(e) and mathematical state and place, a	INJURY OCCURED  and Number or Rura  anner as stated.  and due to the cause.	4b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		

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_	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH  3. TIME OF DEATH  3. TIME OF DEATH  3. TIME OF DEATH  3. TIME OF DEATH  4. DATE OF DEATH  4. DATE OF DEATH  4. DATE OF DEATH  5. DATE OF DEATH  5. DATE OF DEATH  5. DATE OF DEATH  5. DATE OF DEATH  5. DATE OF DEATH  5. DATE OF DEATH									
	SA	VL 3	SCHUL		1014	APRIL	2,94	3. TIME OF OEATH		
8	4. SOCIAL SECURITY NUMBER 219-28-0095 9a. FACILITY NAME (If not institution, give	1 M 2 🗆 F	GE (In yrs. lest birthday) 61. YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 7 (Morth, Day, Your)	, 33 Coun	MD.		
TOR	NORTHWEST HOSPI			RANDAL		EATH	BALTI			
DIRECTOR	MD .	ΤΥ		Y, TOWN OR LOCA BALTIMOR				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	3502 FALLSTAFF I	RD.		10	109. CITIZEN OF	WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 TO YOU IF YES, GIVE WAR OF ARMY	R IN U.S. ARMED ES 2 NO R DATES	U.S. ARMED 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14 14 yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:				CE — American Indian, ck, White, atc. city: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +) 4			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  PRESIDENT  SCULLY I				RUBBER MANUFACTUR		
	17. FATHER'S NAME (First, Middle, Last) SAUL	R.	18. MOTHER'S NAME (First, Middle, Meiden Sumame). SELMA FREEMAN							
TO BE	19a. INFORMANT'S NAME (Type/Print) MRS. GAIL SCHUL	HOFF	196. MAILINO 3502	ADDRESS (Street FALLSTA	FF RD.,B	ALTIMORE, M	in State 7 21215			
	20a. METHOD OF DISPOSITION  1		20b. PLACE AND DATE OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL O			1.4	OWSON, MD			
1	21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, o	Itellua		SOL 6010		& BROS.,I		21215		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	LTIPLE	PENDEI	ELOM	PSEUDOMO A BETES /		8.		
MEDICAL		ENE TOE  BOCY TO P	=s B07			Part I. 24a. WAS APPERFO	RMED?	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL: 1) Inpetient 2 ER/O 28a. DATE OF INJUI (Month, Day, Yea		OTHER: 4 Nursing Hore E OF 28c. IN.	LACE OF DEATH (Ch	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJ	JRY At home, ferm, (Specify)			281. LOCATION (Street City or Town, Stete		Route Number,		
COMPLETED	and .	SICIAN: To the best of my ki				time, date end place, e	nd due to the cause	(e) end månner es star D (Month, Day, Year)		
TO BE	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	D27	1157	▶ 4-	2-94		
	KAYNOLD D 31. DATE FILED (Month, Day, Year)	PESTINE 12. REGISTRAR'S S	IGNATURE	THWES	T HOSP	PITAL CE	NIER			
	APR 1 1 1994	The Shudger	Redall							

BALTIMORE, MARYLAND 21215-0020	age 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	or must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with incurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	DSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this c be filed within 72 hours after death with	IMPORTANT: If Item 28 Is marked.

	1 - FOR STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
	THETTHER	ESTER	SIMON		2. DATE OF DEATH MONTH APRIL 8, 19	994 YEAR	3. TIME OF DEATH 12:10 A M			
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 135–12–2182	1 - M 2 X F	7 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) AUG 15,1896	Countr	PLACE (State or Foreign y) LAND			
	96. COUNTY OF DEATH 2500 W BELVEDERE AVE APT 1113  96. COUNTY OF DEATH BALTIMORE  96. COUNTY OF DEATH BALTIMORE									
	10a. STATE 10b. COUNT	Y	BALTIM			10d. INSIDE CITY LIMITS? 1X YES 2 NO				
	2500 W BELVEDERE	AVE APT 113	13	21215		og. CITIZEN OF W USA	HAT COUNTRY?			
	11. MARITAL STATUS  1 Never Married 2 Married  2 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 V NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexice 1 YES X NO Specify	n, Puerto Rican, etc.)	— American Indian, , White, etc.				
	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire SURGICAL N	ne during most of working d.)	MEDICINE					
BE CON	17. FATHER'S NAME (First, Middle, Lest)		LASKER	18. MOTHER'S NA	IME (First, Middle, Maiden Surname)					
TO 8	19a. INFORMANT'S NAME (Type/Print) H. ROBERT SIMON			ESS (Street and Number or Rural I	Route Number, City or Town, State, Zip Code) #3 HUNT VALLEY, MD 21031					
	20e. METHOD OF DISPOSITION  Burial 2 Cremation 3 Ren  Donatton 5 Other (Specify)	noval from State	bb. PLACE AND DATE OF DIS smetery, crematory or other dis ANSHE EMUNAL	ce) 4/8/9		ION — City or To	wn, State MD			
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215									
	23. PART i. Enter the diseases, or ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	h sa cardiec or reapirate  Diseas		Approximata Interval Batween Onset and Death ZU Years						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.  Congestine Heart Taulure  1 YES 2 NO									
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO									
BY PHYS	1   YES 2   MO   1   Inpetiant 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH 1   Leatural 5   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending									
	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route City or Town, State)									
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE	296. SIGNATURE AND DITLÉ OF CERTIFIER  296. HCENSE NUMBER  296. DATE SIGNED (Morrie), Dity, Year)  4/8/94									
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  (Cye) MO 2434 West Be reclare Are Betternoon  31. DATE FILED (Morth, Day, Your)  12. REGISTRAR'S SIGNATURE									
	APR 1 1 1994	1 Buchen Co	dell							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the state death. Page 6 may be retained by the hospital or attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	STATE REGISTRAP							
1	1. D	ECEDENT'S	N/						

	1 - STATE REGISTRAR	SIAIE UF I							WENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH								3. TIME OF DEATH			
	Phyllis Noel Spikes								April 6, 1994			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER	DER 1 YEAR   IF UNDER 24 HRS.			7. DATE OF BIRTIN		a, BIRTH	IPLACE (State or Foreign
	183-22-0846	1 🗆 M 2 🛱 F	70	YRS.	MONTHS	DAYS	HOURS	WIN.	March 9	1924	Countr	st Virginia
	9a. FACILITY NAME (If not institution, give a	street and number)	, 0		9b. CITY	, TOWN C	R LOCATIO	ON OF DE			UNITY OF D	
E .	9931 Linden Hill	Road					Mil				altim	
5	RESIDENCE OF DECEDENT											
끮	10a. STATE 10b. COUNT	Y		10c. CIT	ry, town	OR LOCAT	ION			10d. INSIDE CITY		
FUNERAL DIRECTOR	Maryland Baltimore				Owings Mills							1 YES 2 X NO
	10e. STREET AND NUMBER	101. ZIP CODE				10g. CITIZE			VHAT COUNTRY?			
	9931 Linden Hill Road			21117			17			U.S.A	١.	
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO		13.	13. WAS DECENDENT OF NISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify					14. RACE — American Indian, Black, White, etc.		
BY	1 Never Married 2 Married  3 Widowed 4 Divorced		VE WAR OR DATES							Specify: White		
	15. OECEDENT'S EDU	1 10									wiille	
	(Specify only highest grade	completed)	(GA	re kind of	EDENT'S USUAL OCCUPATION  e kind of work done during most of working  Do NOT use retired.)				Dommary Trees 4 o			James Compleme
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ach					Pennsylvania & Public School			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	250015	50 10	acin	C.1		10 MOTE	HED'C NA	ME (First, Middle, Me			stems
Ö	Ballard Early							ide F		uen sumeme)		
BE	19e. INFORMANT'S NAME (Type/Print)		190	MAILING	ADDRES	S '/Street a			Route Number, City or	Four State 7	in Codel	
2	Mrs. Noel Wilson	1							Owings			21117
	20e. METNOO OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOS	SITION (Na	me of		DATE 200	LOCATION -	- City or To	wn, State
	1 Donation 5 Other Specify	ovel from State	Arbutu	netory or o	emor	ial I	Park	4	4/11/94 Ba	ltimo	re. M	larvland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133											
	23. PART I. Enter the diseases, or	complications the	it caused the dea	ath Do								
	shock, of heart fellure.	List only one cer	use on each lina.			the mo	de or dy	ing, auci	i aa cardiac or n	apiretory a	rreat,	Approximata Interval Batween
	IMMEDIATE CAUSE (Finel	(000)	a.cilo		gin	00	\					Onset and Death
	resulting in death)	a. DUE TO	OR AS A CONSED	UENCE C	711	62	+					
_		( Var	MICHE	()	100	N						RAMORE
0	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSEO	UENCE C	F) I	1		1	1			19000
S	cause. Enter UNDERLYING											
E	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST											
	PART II. Other significant condition	eontributiria to	death but not re	aultina	In the ur	deriving	Ceuse C	alven In	Part I 24a WM	AN AUTOPSY	246	WERE AUTOPSY FINDINGS
ICAL	Dialatio	DON	ITIC						PEF	FORMED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE
E								OF DEATH?				
2	100000	112011	Maria	C.V					_	9		1 YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL		0	1401	0	26 PI	ACE OF D	EATN (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:						
H	27. MANNER OF DEATH	28a. OATE OF	INJURY	28b. TIR	E OF	28c. INJ	URY AT	Isidence	6 Other (Specify) 28d, DESCRIBE HO	W INJURY O	CCURED	
	1 Natural 5 Pending Investigation	286. OATE OF INJURY (Month, Day, Veer)  286. TIME OF NJURY WORK?  M 1 YES 2 NO										
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	28e. PLACE OF INJURY — At home, larm, street, factory, office					281. LOCATION (Street and Number or Rural Route Number,				
	4 Nomicide determined building, etc. (Specify)											
٦	29e. CERTIFIER    Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
COMPLETED	Check only  2  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
EC	290. LICENSE NUMBER 29d. DATE SIGNED (Mohth, Quy, 1697)											
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유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Types Dep)											
	JOHN (ROMAN MI) 5 Poort 222 W. Carl Spinglains											
	31. DATE FILED (Month, Day Mar) 31. PROSTRATS SIGN DIRE								)			
	APR 1 1 1994	1	1000									

